KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form U3C
June 2015
Form must be Typed
Form must be completed on a per well basis

ANNUAL REPORT OF PRESSURE MONITORING, FLUID INJECTION AND ENHANCED RECOVERY

Complete all blanks - add pages if needed. Copy to be retained for five (5) years after filing date.

OPERATOR: License # 34360
Name: EC Services, LLC
Address 1: 914 E DOUGLAS AVE STE 205
Address 2:
City: WICHITA State: KS Zip: 67202 + 3552
Contact Person: Janel George
Phone: (316) 842-9894
Lease Name: SANDERS
Well Number: 3

API No.: 15-185-13136-00-03
Permit No: D31248.0
Reporting Year: 2018
(January 1 to December 31)

____ - SE - NW - NW Sec. 1 Twp. 25 S. R. 14 ☐ E ☑ W
(Q/Q/Q/Q)
4308 feet from ☐ N / ☑ S Line of Section
4312 feet from ☑ E / ☐ W Line of Section
County: Stafford

I. Injection Fluid:

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☑ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: ____ mg/l Specific Gravity: ____ Additives: ____
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 800 psi Injection Zone: MISSISSIPPI
Maximum Authorized Injection Rate: 4000 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: ____ *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	18600	420	0		31
February	16800	405	0		28
March	18600	420	0		31
April	18000	415	0		30
May	18600	420	0		31
June	18000	415	0		30
July	18600	420	0		31
August	18600	420	0		31
September	18000	410	0		30
October	18600	410	0		31
November	18000	415	0		30
December	18600	420	0		31
TOTAL	219000		0		

Submitted Electronically