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 # 3882
Name: Samuel Gary Jr. & Associates, Inc.
Address 1: 1515 WYNKOOP, STE 700
Address 2:
City: DENVER State: CO Zip: 80202 + 2062
Contact Person: STEPHANIE DECKER
Phone: (303) 831-4673
Lease Name: HAYS OWWO
Well Number: 1

API No.: 15-009-20044-00-01
Permit No: D30779.0
Reporting Year: 2019
(January 1 to December 31)

____ - W2 - SW - NW Sec. 7 Twp. 16 S. R. 15 ☐ E ☑ W
(Q/Q/Q/Q)
3283 feet from ☐ N / ☑ S Line of Section
4891 feet from ☑ E / ☐ W Line of Section
County: Barton

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: 250 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 3000 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	3007	0	0		31
February	2716	0	0		28
March	3007	0	0		31
April	2910	0	0		30
May	3007	0	0		31
June	2910	0	0		30
July	3007	0	0		31
August	3007	0	0		31
September	2910	0	0		30
October	3007	0	0		31
November	2910	0	0		30
December	3007	0	0		31
TOTAL	35405		0		

Submitted Electronically