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 # 5721
Name: Glacier Petroleum Co., Inc.
Address 1: 825 COMMERCIAL ST
Address 2: PO BOX 577
City: EMPORIA State: KS Zip: 66801 + 0577
Contact Person: J C Hawes
Phone: (620) 342-1148
Lease Name: VIAR
Well Number: 2

API No.: 15-127-19004-00-01
Permit No: E31043.1
Reporting Year: 2019
(January 1 to December 31)

____ - SW - NE - NE Sec. 23 Twp. 16 S. R. 9 ☑ E ☐ W
(Q/Q/Q/Q)
4290 feet from ☐ N / ☑ S Line of Section
990 feet from ☑ E / ☐ W Line of Section
County: Morris

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: 100 psi Injection Zone: VIOLA
Maximum Authorized Injection Rate: 5000 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	8872	10	0	0	31
February	8014	10	0	0	28
March	7598	10	0	0	31
April	7922	10	0	0	30
May	8881	10	0	0	31
June	8595	10	0	0	30
July	8595	10	0	0	30
August	8186	10	0	0	31
September	0	10	0	0	30
October	0	10	0	0	31
November	0	10	0	0	30
December	8186	10	0	0	31
TOTAL	74849		0		

Submitted Electronically