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 # 32781
Name: Roberts Resources, Inc.
Address 1: PO BOX 75187
Address 2:
City: WICHITA State: KS Zip: 67275 + 5187
Contact Person: Kent Roberts
Phone: (316) 215-1683
Lease Name: MARY
Well Number: 1

API No.: 15-097-21508-00-01
Permit No: D28396.0
Reporting Year: 2019
(January 1 to December 31)

____ - NE - NE - NE Sec. 16 Twp. 29 S. R. 18 ☐ E ☑ W
(Q/Q/Q/Q)
4915 feet from ☐ N / ☑ S Line of Section
475 feet from ☑ E / ☐ W Line of Section
County: Kiowa

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: 0 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 8000 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	6080	0	0	0	31
February	8040	0	0	0	28
March	2371	0	0	0	18
April	8025	0	0	0	30
May	7168	0	0	0	31
June	5520	0	0	0	30
July	7495	0	0	0	31
August	6381	0	0	0	31
September	6550	0	0	0	30
October	5973	0	0	0	31
November	5011	0	0	0	30
December	6080	0	0	0	31
TOTAL	74694		0		

Submitted Electronically