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 # 3263
Name: Gideon, Darold H. dba Gideon Oil Operations
Address 1: 93 S. MAIN ST.
Address 2:
City: RUSSELL State: KS Zip: 67665 + 2901
Contact Person: Darold Gideon
Phone: (785) 324-0406
Lease Name: MACHIN NORTH
Well Number: 1

API No.: 15-167-23016-00-01
Permit No: E27625.1
Reporting Year: 2019
(January 1 to December 31)

____ - NE - NW - NE Sec. 4 Twp. 13 S. R. 14 ☐ E ☑ W
(Q/Q/Q/Q)
4997 feet from ☐ N / ☑ S Line of Section
1830 feet from ☑ E / ☐ W Line of Section
County: Russell

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: 200 psi Injection Zone: LANSING-KANSAS CITY
Maximum Authorized Injection Rate: 250 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	1200				31
February	1000				28
March	1200				31
April	1220				30
May	1240				31
June	1220				30
July	1240				31
August	1200				31
September	1220				30
October	1220				31
November	1240				30
December	1220				31
TOTAL	14420		0		

Submitted Electronically