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 # 8226
Name: Hall, Michael Wayne
Address 1: 260 FOX RD
Address 2:
City: TORONTO State: KS Zip: 66777 + 3266
Contact Person: michael w hall
Phone: (620) 637-2305
Lease Name: WEBB
Well Number: 1 R

API No.: 15-073-19149-00-00
Permit No: E00879.1
Reporting Year: 2019
(January 1 to December 31)

____ - SE - NE - SE Sec. 32 Twp. 26 S. R. 13 ☑ E ☐ W
(Q/Q/Q/Q)
1860 feet from ☐ N / ☑ S Line of Section
442 feet from ☑ E / ☐ W Line of Section
County: Greenwood

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: 150 psi Injection Zone: NEW ALBANY
Maximum Authorized Injection Rate: 150 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	00	0			0
February	0	0			0
March	0	0			0
April	0	0			0
May	0	0			0
June	0	0			0
July	10	0			21
August	0	0			0
September	0	0			0
October	0	0			0
November	0	0			0
December	0	0			0
TOTAL	10		0		

Submitted Electronically