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 # 32917
Name: Richardson and Son , Inc.
Address 1: 17295 151ST RD
Address 2:
City: WINFIELD State: KS Zip: 67156 + 7524
Contact Person: Bryan Richardson
Phone: (620) 229-8685
Lease Name: LORTON
Well Number: 1

API No.: 15-035-01750-00-02
Permit No: D18456.0
Reporting Year: 2019
(January 1 to December 31)

____ - SE - NE - SW Sec. 13 Twp. 34 S. R. 6 ☑ E ☐ W
(Q/Q/Q/Q)
1593 feet from ☐ N / ☑ S Line of Section
2902 feet from ☑ E / ☐ W Line of Section
County: Cowley

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: 500 psi Injection Zone: STALNAKER
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	0	0	0	0	0
February	0	0	0	0	0
March	0	0	0	0	0
April	300	0	0	0	3
May	500	0	0	0	20
June	500	0	0	0	20
July	700	0	0	0	30
August	1400	20	0	0	30
September	1400	20	0	0	30
October	1500	30	0	0	30
November	1500	30	0	0	30
December	1500	30	0	0	30
TOTAL	9300		0		

Submitted Electronically