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 # 31160
Name: Phillips Exploration Company L.C.
Address 1: 211 CEDAR RIDGE CT
Address 2: PO BOX 850
City: ANDOVER State: KS Zip: 67002 + 0850
Contact Person: JB Phillips
Phone: (316) 636-2256
Lease Name: SMILEY
Well Number: 2

API No.: 15-065-23716-00-01
Permit No: E32063.1
Reporting Year: 2019
(January 1 to December 31)

____ - NE - SE - SW Sec. 26 Twp. 10 S. R. 24 ☐ E ☑ W
(Q/Q/Q/Q)
990 feet from ☐ N / ☑ S Line of Section
2310 feet from ☐ E / ☑ W Line of Section
County: Graham

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: LANSING-KANSAS CITY
Maximum Authorized Injection Rate: 400 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	100	0	0	0	31
February	80	0	0	0	28
March	100	0	0	0	30
April	100	0	0	0	30
May	100	0	0	0	30
June	100	0	0	0	30
July	100	0	0	0	31
August	100	0	0	0	31
September	100	0	0	0	30
October	100	0	0	0	30
November	100	0	0	0	30
December	100	0	0	0	31
TOTAL	1180		0		

Submitted Electronically