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 # 34714
Name: Crownover, Dennis or Patricia
Address 1: 21225 TWIN CREEK RD
Address 2:
City: GARDNER State: KS Zip: 66030 + 9506
Contact Person: Dennis Crownover
Phone: (913) 980-6053
Lease Name: DPC
Well Number: I-4

API No.: 15-059-25677-00-00
Permit No: E30963.4
Reporting Year: 2019
(January 1 to December 31)

____ - SW - SW - SW Sec. 17 Twp. 16 S. R. 21 ☑ E ☐ W
(Q/Q/Q/Q)
614 feet from ☐ N / ☑ S Line of Section
4698 feet from ☑ E / ☐ W Line of Section
County: Franklin

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: SQUIRREL SAND
Maximum Authorized Injection Rate: 100 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					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
TOTAL	0		0		

Submitted Electronically