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 # 33764
Name: Investment Equipment LLC
Address 1: 412 W. PLATTE AVE.
Address 2:
City: FT MORGAN State: CO Zip: 80701 + 2650
Contact Person: Jim Chisholm
Phone: (405) 642-9437
Lease Name: CHURCH
Well Number: 32-14

API No.: 15-101-22338-00-01
Permit No: E32832.1
Reporting Year: 2019
(January 1 to December 31)

SE - NW - SW - NE (Q/Q/Q/Q) Sec. 14 Twp. 16 S. R. 28 ☐ E ☑ W
3454 feet from ☐ N / ☑ S Line of Section
2072 feet from ☑ E / ☐ W Line of Section
County: Lane

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: 1000 psi Injection Zone: FORT SCOTT
Maximum Authorized Injection Rate: 750 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	0	0	0	0	0
May	0	0	0	0	0
June	0	0	0	0	0
July	0	0	0	0	0
August	0	0	0	0	0
September	0	0	0	0	0
October	0	0	0	0	0
November	4516	340	0	0	30
December	6564	340	0	0	31
TOTAL	11080		0		

Submitted Electronically