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 # 8981
Name: Adeco, Inc.
Address 1: 105 A East 27th ST.
Address 2:
City: HAYS State: KS Zip: 67601 + 0873
Contact Person: Melissa Holub
Phone: (785) 625-6010
Lease Name: PELKEY
Well Number: 1

API No.: 15-039-20653-00-00
Permit No: D21398.0
Reporting Year: 2019
(January 1 to December 31)

____ - E2 - E2 - SE Sec. 16 Twp. 2 S. R. 27 ☐ E ☑ W
(Q/Q/Q/Q)
1224 feet from ☐ N / ☑ S Line of Section
381 feet from ☑ E / ☐ W Line of Section
County: Decatur

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: 300 psi Injection Zone: CEDAR HILLS
Maximum Authorized Injection Rate: 500 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	7	0	0	0	31
February	5	0	0	0	28
March	7	0	0	0	31
April	48	0	0	0	30
May	37	0	0	0	31
June	816	0	0	0	30
July	1533	0	0	0	31
August	1180	0	0	0	31
September	1632	0	0	0	30
October	2108	0	0	0	31
November	1841	0	0	0	30
December	1964	0	0	0	31
TOTAL	11178		0		

Submitted Electronically