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: BOX 873
Address 2:
City: HAYS State: KS Zip: 67601 + 0873
Contact Person: Melissa Holub
Phone: (785) 625-6010
Lease Name: CHAMBERS
Well Number: 1

API No.: 15-039-20257-00-00
Permit No: D16890.0
Reporting Year: 2019
(January 1 to December 31)

SW - SW - SW - SE Sec. 29 Twp. 1 S. R. 26 ☐ E ☑ W
(Q/Q/Q/Q)
193 feet from ☐ N / ☑ S Line of Section
2561 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: 600 psi Injection Zone: CEDAR HILLS
Maximum Authorized Injection Rate: 300 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	387	0	0	0	31
February	318	0	0	0	28
March	15	0	0	0	31
April	0	0	0	0	30
May	0	0	0	0	31
June	605	0	0		30
July	865	0	0	0	31
August	1536	0	0	0	31
September	1486	0	0	0	30
October	1476	0	0	0	31
November	2129	0	0	0	30
December	2751	0	0	0	31
TOTAL	11568		0		

Submitted Electronically