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 # 34405
Name: E & B Natural Resources Management Corp.
Address 1: 2501 280TH AVE
Address 2:
City: HAYS State: KS Zip: 67601 + 9598
Contact Person: kevin renk
Phone: (785) 259-7271
Lease Name: SAUER
Well Number: 1 SWD

API No.: 15-065-00512-00-01
Permit No: D31152.0
Reporting Year: 2019
(January 1 to December 31)

W2 - W2 - E2 - ____ Sec. 28 Twp. 9 S. R. 25 ☐ E ☑ W
(Q/Q/Q/Q)
2642 feet from ☐ N / ☑ S Line of Section
2254 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: 0 mg/l Specific Gravity: 0 Additives: 0
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 0 psi Injection Zone: Cedar Hill
Maximum Authorized Injection Rate: 1000 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	80	0	0	0	1
December	0	0	0	0	0
TOTAL	80		0		

Submitted Electronically