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 # 5050
Name: Hummon Corporation
Address 1: PO BOX 365
Address 2:
City: MEDICINE LODGE State: KS Zip: 67104 + 0365
Contact Person: Tyler Bell
Phone: (620) 930-2645
Lease Name: BEELEY (OWWO)
Well Number: 1-22 SWD

API No.: 15-033-20582-00-01
Permit No: D28063.0
Reporting Year: 2019
(January 1 to December 31)

____ - ____ - NW - SW Sec. 22 Twp. 32 S. R. 18 ☐ E ☑ W
(Q/Q/Q/Q)
1997 feet from ☐ N / ☑ S Line of Section
4717 feet from ☑ E / ☐ W Line of Section
County: Comanche

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: 0 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 2500 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	330	0	0	0	31
February	300	0	0	0	28
March	155	0	0	0	31
April	150	0	0		30
May	180	0	0	0	31
June	240	0	0	0	30
July	180	0	0	0	31
August	280	0	0	0	31
September	110	0	0	0	3
October	300	0	0	0	31
November	250	0	0	0	30
December	175	0	0	0	31
TOTAL	2650		0		

Submitted Electronically