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: PLATT SWD
Well Number: 2-30

API No.: 15-007-00520-00-01
Permit No: D27946.0
Reporting Year: 2019
*(January 1 to December 31)*

____ - SE - SE - NE Sec. 30 Twp. 33 S. R. 15 ☐ E ☑ W
*(Q/Q/Q/Q)*
2945 feet from ☐ N / ☑ S Line of Section
367 feet from ☑ E / ☐ W Line of Section
County: Barber

**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: 2000 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 | 8580 | 0 | 0 | 0 | 31 |
| February | 7850 | 0 | 0 | 0 | 28 |
| March | 8750 | 0 | 0 | 0 | 31 |
| April | 9250 | 0 | 0 | 0 | 30 |
| May | 9395 | 0 | 0 | 0 | 31 |
| June | 8750 | 0 | 0 | 0 | 30 |
| July | 9250 | 0 | 0 | 0 | 31 |
| August | 10520 | 0 | 0 | 0 | 31 |
| September | 9750 | 0 | 0 | 0 | 30 |
| October | 8350 | 0 | 0 | 0 | 31 |
| November | 8520 | 0 | 0 | 0 | 30 |
| December | 8360 | 0 | 0 | 0 | 31 |
| ***TOTAL*** | 107325 | | 0 | | |

Submitted Electronically