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 # 34888
Name: Patterson Energy LLC
Address 1: PO BOX 400
Address 2:
City: HAYS State: KS Zip: 67601 + 0400
Contact Person: Zach Patterson
Phone: (785) 259-3717
Lease Name: COX C
Well Number: 5

API No.: 15-065-19139-00-01
Permit No: D24667.0
Reporting Year: 2019
(January 1 to December 31)

N2 - SE - NW - ____ Sec. 26 Twp. 9 S. R. 21 ☐ E ☑ W
(Q/Q/Q/Q)
3672 feet from ☐ N / ☑ S Line of Section
3376 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: _____ 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	46500	0	0	0	31
February	42000	0	0	0	28
March	46500	0	0	0	31
April	45000	0	0	0	30
May	46500	0	0	0	31
June	45000	0	0	0	30
July	46500	0	0	0	31
August	46500	0	0	0	31
September	45000	0	0	0	30
October	46500	0	0	0	31
November	45000	0	0	0	30
December	46500	0	0	0	31
TOTAL	547500		0		

Submitted Electronically