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 # 33288
Name: Manning, Gregory
Address 1: 574 SE 130 AVE
Address 2:
City: ELLINWOOD State: KS Zip: 67526 + 9270
Contact Person: Gregory Manning
Phone: (620) 564-2302
Lease Name: SOUTHERN
Well Number: 4

API No.: 15-159-22118-00-00
Permit No: D24599.0
Reporting Year: 2019
(January 1 to December 31)

____ - NE - SW - NE Sec. 14 Twp. 19 S. R. 10 ☐ E ☑ W
(Q/Q/Q/Q)
3628 feet from ☐ N / ☑ S Line of Section
1950 feet from ☑ E / ☐ W Line of Section
County: Rice

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: 750 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	10106	0	0		31
February	9128	0	0		28
March	10106	0	0		31
April	9780	0	0		30
May	10106	0	0		31
June	9780	0	0		30
July	10106	0	0		31
August	10106	0	0		31
September	9780	0	0		30
October	10106	0	0		31
November	9780	0	0		30
December	10106	0	0		31
TOTAL	118990		0		

Submitted Electronically