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 # 3194
Name: Tri United, Inc
Address 1: 950 270TH AVE
Address 2:
City: HAYS State: KS Zip: 67601 + 9503
Contact Person: Eugene Leiker
Phone: ( 785 ) 628-3670
Lease Name: PHILLIP WERTH
Well Number: 6

API No.: 15-051-21739-00-01
Permit No: D19864.0
Reporting Year: 2019
*(January 1 to December 31)*

____ - NW - NW - NW Sec. 29 Twp. 15 S. R. 17 ☐ E ☑ W
*(Q/Q/Q/Q)*
4943 feet from ☐ N / ☑ S Line of Section
4929 feet from ☑ E / ☐ W Line of Section
County: Ellis

**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: 1000 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 1500 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 | 3060 | 0 | 0 | 0 | 30 |
| February | 2856 | 0 | 0 | 0 | 28 |
| March | 3162 | 0 | 0 | 0 | 31 |
| April | 2856 | 0 | 0 | 0 | 28 |
| May | 3162 | 0 | 0 | 0 | 31 |
| June | 3060 | 0 | 0 | 0 | 30 |
| July | 3162 | 0 | 0 | 0 | 31 |
| August | 2856 | 0 | 0 | 0 | 28 |
| September | 3060 | 0 | 0 | 0 | 30 |
| October | 3162 | 0 | 0 | 0 | 31 |
| November | 3060 | 0 | 0 | 0 | 30 |
| December | 3162 | 0 | 0 | 0 | 31 |
| ***TOTAL*** | 36618 | | 0 | | |

Submitted Electronically