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: VINE "C"
Well Number: 1

API No.: 15-051-00325-00-01
Permit No: D30032.0
Reporting Year: 2019
(January 1 to December 31)

____ - SE - NW - SE Sec. 26 Twp. 11 S. R. 19 ☐ E ☑ W
(Q/Q/Q/Q)
1399 feet from ☐ N / ☑ S Line of Section
1865 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: 0 psi Injection Zone: CEDAR HILLS
Maximum Authorized Injection Rate: 500 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	5460	0	0	0	30
February	5096	0	0	0	28
March	5642	0	0	0	31
April	5365	0	0	0	29
May	5642	0	0	0	31
June	5460	0	0	0	30
July	5642	0	0	0	31
August	5642	0	0	0	31
September	5365	0	0	0	29
October	5642	0	0	0	31
November	5460	0	0	0	30
December	5642	0	0	0	31
TOTAL	66058		0		

Submitted Electronically