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: STREMEL
Well Number: B-1

API No.: 15-051-22053-00-01
Permit No: D32054.0
Reporting Year: 2019
(January 1 to December 31)

E2 - SW - SW - SW Sec. 14 Twp. 15 S. R. 18 ☐ E ☑ W
(Q/Q/Q/Q)
330 feet from ☐ N / ☑ S Line of Section
495 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: ARBUCKLE
Maximum Authorized Injection Rate: 6000 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	7770	0	0	0	30
February	7252	0	0	0	28
March	7770	0	0	0	30
April	7770	0	0	0	30
May	8029	0	0	0	31
June	7770	0	0	0	30
July	8029	0	0	0	31
August	8029	0	0	0	31
September	7770	0	0	0	30
October	8029	0	0	0	31
November	7770	0	0	0	30
December	8029	0	0	0	31
TOTAL	94017		0		

Submitted Electronically