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 # 31063
Name: Kema Oil Company, Inc.
Address 1: PO BOX 31
Address 2:
City: LEBO State: KS Zip: 66856 + 0031
Contact Person: Darla Lange
Phone: (913) 961-3330
Lease Name: HUNTER
Well Number: 2

API No.: 15-031-20657-00-01
Permit No: E26712.1
Reporting Year: 2019
(January 1 to December 31)

____ - NE - NW - SW Sec. 6 Twp. 19 S. R. 15 ☑ E ☐ W
(Q/Q/Q/Q)
2238 feet from ☐ N / ☑ S Line of Section
4223 feet from ☑ E / ☐ W Line of Section
County: Coffey

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: 500 psi Injection Zone: Bartlesville
Maximum Authorized Injection Rate: 1000 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	8432	500	0	0	31
February	7616	500	0	0	28
March	8432	500	0	0	31
April	8160	500	0	0	30
May	8432	500	0	0	31
June	8160	500	0	0	30
July	8432	500	0	0	31
August	8432	500	0	0	31
September	8160	500	0	0	30
October	8432	500	0	0	31
November	8160	500	0	0	30
December	8432	500	0	0	31
TOTAL	99280		0		

Submitted Electronically