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 # 33936
Name: Griffin, Charles N.
Address 1: PO BOX 347
Address 2:
City: PRATT State: KS Zip: 67124 + 0347
Contact Person: CHARLES GRIFFIN
Phone: (620) 672-9700
Lease Name: SCOTT
Well Number: 4-13

API No.: 15-093-21579-00-03
Permit No: E30071.16
Reporting Year: 2019
(January 1 to December 31)

____ - NW - SW - NW Sec. 13 Twp. 21 S. R. 35 ☐ E ☑ W
(Q/Q/Q/Q)
3610 feet from ☐ N / ☑ S Line of Section
4903 feet from ☑ E / ☐ W Line of Section
County: Kearny

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: 2000 psi Injection Zone: MORROW
Maximum Authorized Injection Rate: 3000 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	0	0	0		0
February	0	0	0		0
March	0	0	0		0
April	0	0	0		0
May	0	0	0		0
June	0	0	0		0
July	0	0	0		0
August	0	0	0		0
September	0	0	0		0
October	0	0	0		0
November	0	0	0		0
December	0	0	0		0
TOTAL	0		0		

Submitted Electronically