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 # 35562
Name: IPAS Oil Company LLC
Address 1: 420 S JACKSON STE 100
Address 2: PO BOX 345
City: PRATT State: KS Zip: 67124 + 0345
Contact Person: LADAWN FERRELL
Phone: (620) 672-1993
Lease Name: NICHEPOR
Well Number: 3

API No.: 15-135-22790-00-01
Permit No: D24187.0
Reporting Year: 2019
(January 1 to December 31)

____ - SW - SE - SE Sec. 24 Twp. 16 S. R. 26 ☐ E ☑ W
(Q/Q/Q/Q)
657 feet from ☐ N / ☑ S Line of Section
1303 feet from ☑ E / ☐ W Line of Section
County: Ness

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: 200 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	1147	0	0		31
February	1036	0	0		28
March	1147	0	0		31
April	1110	0	0		30
May	1147	0	0		31
June	1110	0	0		30
July	1147	0	0		31
August	1147	0	0		31
September	1110	0	0		30
October	1147	0	0		31
November	1110	0	0		30
December	1147	0	0		31
TOTAL	13505		0		

Submitted Electronically