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 # 33562
Name: Hayden, Shawn or Blanche dba Hayden Operating
Address 1: 601 WICHITA AVE
Address 2: PO BOX 606
City: SATANTA State: KS Zip: 67870 + 0606
Contact Person: Blanche Hayden
Phone: (620) 649-2170
Lease Name: LIZ SMITH
Well Number: 3

API No.: 15-081-20322-00-01
Permit No: D26802.0
Reporting Year: 2019
(January 1 to December 31)

SW - NE - SE - NE Sec. 26 Twp. 30 S. R. 34 ☐ E ☑ W
(Q/Q/Q/Q)
3401 feet from ☐ N / ☑ S Line of Section
576 feet from ☑ E / ☐ W Line of Section
County: Haskell

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: SHAWNEE-DR-CR
Maximum Authorized Injection Rate: 4000 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	2970	0	0		25
February	2695	0	0		15
March	4906	0	0		19
April	4612	0	0		19
May	6465	0	0		31
June	5977	0	0		29
July	5466	0	0		28
August	6170	0	0		31
September	5648	0	0		29
October	5296	0	0		24
November	8641	0	0		30
December	5910	0	0		26
TOTAL	64756		0		

Submitted Electronically