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 # 9204
Name: Springer, Lee A.
Address 1: 3321 CR 5800
Address 2:
City: INDEPENDENCE State: KS Zip: 67301 + 7979
Contact Person: Lee Springer
Phone: (620) 331-0347
Lease Name: SPRINGER UIT
Well Number: 5

API No.: 15-125-27083-00-00
Permit No: G23588.1
Reporting Year: 2019
(January 1 to December 31)

W2 - SE - SE - SW Sec. 4 Twp. 32 S. R. 16 ☑ E ☐ W
(Q/Q/Q/Q)
330 feet from ☐ N / ☑ S Line of Section
3270 feet from ☑ E / ☐ W Line of Section
County: Montgomery

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

Submitted Electronically