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 # 32062
Name: ARDC INC.
Address 1: 108 W 34TH ST
Address 2:
City: HAYS State: KS Zip: 67601 + 1629
Contact Person: Greg Whitehair
Phone: (785) 625-6588
Lease Name: TEICHMAN
Well Number: 1

API No.: 15-185-10116-00-01
Permit No: D22130.0
Reporting Year: 2019
(January 1 to December 31)

____ - NW - NW - SE Sec. 12 Twp. 22 S. R. 13 ☐ E ☑ W
(Q/Q/Q/Q)
2294 feet from ☐ N / ☑ S Line of Section
2303 feet from ☑ E / ☐ W Line of Section
County: Stafford

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: ARBUCKLE
Maximum Authorized Injection Rate: 10000 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	24200	0	0	0	31
February	21850	0	0	0	28
March	24200	0	0	0	31
April	23400	0	0	0	30
May	24180	0	0	0	31
June	23400	0	0	0	30
July	24200	0	0	0	31
August	24200	0	0	0	31
September	23400	0	0	0	30
October	24200	0	0	0	31
November	23400	0	0	0	30
December	24180	0	0	0	31
TOTAL	284810		0		

Submitted Electronically