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 # 32699
Name: ZU, LLC
Address 1: 108 W 34TH
Address 2:
City: HAYS State: KS Zip: 67601 + 1629
Contact Person: Greg Whitehair
Phone: ( 785 ) 432-0789
Lease Name: HAYES
Well Number: 3

API No.: 15-185-19016-00-00
Permit No: E12893.10
Reporting Year: 2019
*(January 1 to December 31)*

____ - SE - SW - SE Sec. 11 Twp. 24 S. R. 11 ☐ E ☑ W
*(Q/Q/Q/Q)*
355 feet from ☐ N / ☑ S Line of Section
1641 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: 1200 psi Injection Zone: VIOLA
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 | 1900 | 0 | 0 | 0 | 31 |
| February | 1675 | 0 | 0 | 0 | 28 |
| March | 1900 | 0 | 0 | 0 | 31 |
| April | 1800 | 0 | 0 | 0 | 30 |
| May | 1900 | 0 | 0 | 0 | 31 |
| June | 1800 | 0 | 0 | 0 | 30 |
| July | 1900 | 0 | 0 | 0 | 31 |
| August | 1900 | 0 | 0 | 0 | 31 |
| September | 1800 | 0 | 0 | 0 | 30 |
| October | 1900 | 0 | 0 | 0 | 31 |
| November | 1800 | 0 | 0 | 0 | 30 |
| December | 1925 | 0 | 0 | 0 | 31 |
| ***TOTAL*** | 22200 | | 0 | | |

Submitted Electronically