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 # 3134
Name: Morris, Terry E. dba G L M Company
Address 1: PO BOX 193
Address 2:
City: RUSSELL State: KS Zip: 67665 + 0193
Contact Person: Matthew Morris
Phone: (785) 483-1307
Lease Name: SHAFFER
Well Number: 10

API No.: 15-167-21024-00-00
Permit No: D19044.0
Reporting Year: 2019
(January 1 to December 31)

W2 - SW - SW - ____ Sec. 27 Twp. 13 S. R. 14 ☐ E ☑ W
(Q/Q/Q/Q)
647 feet from ☐ N / ☑ S Line of Section
4944 feet from ☑ E / ☐ W Line of Section
County: Russell

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: 50 psi Injection Zone: arbuckle
Maximum Authorized Injection Rate: 1000 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	11439	0	0	0	31
February	10332	0	0	0	28
March	11439	0	0	0	31
April	11070	0	0	0	30
May	11439	0	0	0	31
June	11070	0	0	0	30
July	11439	0	0	0	31
August	11439	0	0	0	31
September	11070	0	0	0	30
October	11439	0	0	0	31
November	11070	0	0	0	30
December	11439	0	0	0	31
TOTAL	134685		0		

Submitted Electronically