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: JOE WITT
Well Number: 2

API No.: 15-167-19280-00-01
Permit No: D10178.0
Reporting Year: 2019
(January 1 to December 31)

NW - NW - NW - ____ Sec. 16 Twp. 12 S. R. 15 ☐ E ☑ W
(Q/Q/Q/Q)
4884 feet from ☐ N / ☑ S Line of Section
5026 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: 750 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	5642	0	0	0	31
February	5096	0	0	0	28
March	5642	0	0	0	31
April	5460	0	0	0	30
May	5642	0	0	0	31
June	5460	0	0	0	30
July	5642	0	0	0	31
August	5642	0	0	0	31
September	5460	0	0	0	30
October	5642	0	0	0	31
November	5460	0	0	0	30
December	5642	0	0	0	31
TOTAL	66430		0		

Submitted Electronically