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 # 33588
Name: Sharp, Robert L. &/or Cindy
Address 1: 206 E WATER ST
Address 2:
City: SEVERY State: KS Zip: 67137 + 9418
Contact Person: Robert Sharp
Phone: ( 913 ) 957-5599
Lease Name: ARNOLD-HARVEY
Well Number: SWD 2

API No.: 15-073-24236-00-00
Permit No: D33052.0
Reporting Year: 2019
*(January 1 to December 31)*

____ - SW - NW - SE Sec. 8 Twp. 28 S. R. 11 ☑ E ☐ W
*(Q/Q/Q/Q)*
1465 feet from ☐ N / ☑ S Line of Section
2261 feet from ☑ E / ☐ W Line of Section
County: Greenwood

**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: DOUGLAS
Maximum Authorized Injection Rate: 550 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 | 80 | 0 | | | 30 |
| May | 80 | 0 | | | 31 |
| June | 80 | 0 | | | 30 |
| July | 80 | 0 | | | 31 |
| August | 80 | 0 | | | 31 |
| September | 80 | 0 | | | 30 |
| October | 80 | 0 | | | 31 |
| November | 80 | 0 | | | 30 |
| December | 75 | 0 | | | 31 |
| ***TOTAL*** | 715 | | 0 | | |

Submitted Electronically