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 # 33969
Name: Housel, Rick dba Rick's Well Service
Address 1: 5393 CR 5415
Address 2:
City: CHERRYVALE State: KS Zip: 67335 + 8000
Contact Person: Rick Housel
Phone: ( 620 ) 252-8656
Lease Name: SMITH
Well Number: 1 SWD

API No.: 15-125-29251-00-00
Permit No: D25900.0
Reporting Year: 2019
*(January 1 to December 31)*

____ - NE - SE - SE Sec. 33 Twp. 31 S. R. 17 ☑ E ☐ W
*(Q/Q/Q/Q)*
820 feet from ☐ N / ☑ S Line of Section
115 feet from ☑ E / ☐ W Line of Section
County: Montgomery

**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: 600 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

**III.**

| Month: | Total Fluid Injected BBL | Maximum Fluid Pressure | Total Gas Injected MCF | Maximum Gas Pressure | # Days of Injection |
|---|---|---|---|---|---|
| January | 300 | 0 | | | 30 |
| February | 300 | 0 | | | 28 |
| March | 300 | 0 | | | 30 |
| April | 300 | 0 | | | 30 |
| May | 300 | 0 | | | 30 |
| June | 300 | 0 | | | 30 |
| July | 300 | 0 | | | 30 |
| August | 300 | 0 | | | 30 |
| September | 300 | 0 | | | 30 |
| October | 300 | 0 | | | 30 |
| November | 300 | 0 | | | 30 |
| December | 300 | 0 | | | 30 |
| ***TOTAL*** | 3600 | | 0 | | |

Submitted Electronically