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 # 33388
Name: J. Mark Richardson Family Trust dba Richardson Oil
Address 1: 4050 N GOLDENROD CT.
Address 2:
City: MAIZE State: KS Zip: 67101 + 3771
Contact Person: Kim Santellan
Phone: (316) 263-0080
Lease Name: HAYSE B
Well Number: 2

API No.: 15-097-21257-00-00
Permit No: D27344.0
Reporting Year: 2019
(January 1 to December 31)

____ - SE - SE - SW Sec. 35 Twp. 28 S. R. 20 ☐ E ☑ W
(Q/Q/Q/Q)
506 feet from ☐ N / ☑ S Line of Section
3265 feet from ☑ E / ☐ W Line of Section
County: Kiowa

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: 200 psi Injection Zone: LANSING
Maximum Authorized Injection Rate: 200 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	1200	0	0	0	31
February	1450	0	0	0	28
March	1350	0	0	0	31
April	1500	0	0	0	30
May	1100	0	0	0	31
June	1490	0	0	0	30
July	1050	0	0	0	30
August	1450	0	0	0	31
September	1350	0	0	0	30
October	1350	0	0	0	31
November	1500	0	0	0	30
December	1000	0	0	0	31
TOTAL	15790		0		

Submitted Electronically