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 # 9582
Name: Studer Oil Co.
Address 1: PO BOX 925
Address 2:
City: PRATT State: KS Zip: 67124 + 0925
Contact Person: Billy Studer
Phone: (620) 656-4051
Lease Name: STUDER
Well Number: 3

API No.: 15-151-21517-00-01
Permit No: D24220.0
Reporting Year: 2019
(January 1 to December 31)

____ - SW - NE - SE Sec. 4 Twp. 27 S. R. 12 ☐ E ☑ W
(Q/Q/Q/Q)
1432 feet from ☐ N / ☑ S Line of Section
1005 feet from ☑ E / ☐ W Line of Section
County: Pratt

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: MISSISSIPPIAN
Maximum Authorized Injection Rate: 5000 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	6750				31
February	6750				28
March	6750				31
April	6750				30
May	6750				31
June	6750				30
July	6750				31
August	6750				31
September	6750				30
October	6750				31
November	6750				30
December	6750				31
TOTAL	81000		0		

Submitted Electronically