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 # 5663
Name: Hess Oil Company
Address 1: PO BOX 1009
Address 2:
City: MCPHERSON State: KS Zip: 67460 + 1009
Contact Person: Bryan Hess
Phone: (620) 241-4640
Lease Name: TREKELL
Well Number: 4-1

API No.: 15-055-21750-00-00
Permit No: D27940.0
Reporting Year: 2019
(January 1 to December 31)

W2 - W2 - SE - ____ Sec. 1 Twp. 23 S. R. 31 ☐ E ☑ W
(Q/Q/Q/Q)
1305 feet from ☐ N / ☑ S Line of Section
2297 feet from ☑ E / ☐ W Line of Section
County: Finney

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: Lansing
Maximum Authorized Injection Rate: 1800 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	31	0	0	0	31
February	28	0	0	0	28
March	31	0	0	0	31
April	30	0	0	0	30
May	31	0	0	0	31
June	30	0	0	0	30
July	31	0	0	0	31
August	31	0	0	0	31
September	30	0	0	0	30
October	31	0	0	0	31
November	30	0	0	0	30
December	31	0	0	0	31
TOTAL	365		0		

Submitted Electronically