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 # 35164
Name: Jim Snyder, Inc.
Address 1: PO BOX 109
Address 2:
City: HAMILTON State: KS Zip: 66853 + 0109
Contact Person: Linda Snyder
Phone: (620) 344-6283
Lease Name: DRUMM
Well Number: 21

API No.: 15-015-21326-00-02
Permit No: D23093.0
Reporting Year: 2019
(January 1 to December 31)

____ - SW - NW - NW Sec. 29 Twp. 26 S. R. 8 ☑ E ☐ W
(Q/Q/Q/Q)
4395 feet from ☐ N / ☑ S Line of Section
5234 feet from ☑ E / ☐ W Line of Section
County: Butler

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: 2000 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	30	0	0	0	10
February	0	0	0	0	0
March	0	0	0	0	0
April	0	0	0	0	0
May	0	0	0	0	0
June	0	0	0	0	0
July	0	0	0	0	0
August	0	0	0	0	0
September	730	0	0	0	15
October	160	0	0	0	6
November	203	0	0	0	7
December	0	0	0	0	0
TOTAL	1123		0		

Submitted Electronically