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 # 33354
Name: Myers, Gus & Annie
Address 1: 132A STATE HWY 99 # A
Address 2:
City: SEDAN State: KS Zip: 67361 + 8518
Contact Person: Annie Myers
Phone: (918) 440-2503
Lease Name: HAUPTMAN
Well Number: 5

API No.: 15-019-24310-00-01
Permit No: E24854.2
Reporting Year: 2019
(January 1 to December 31)

SE - NE - NW - NW Sec. 7 Twp. 35 S. R. 12 ☑ E ☐ W
(Q/Q/Q/Q)
4659 feet from ☐ N / ☑ S Line of Section
4156 feet from ☑ E / ☐ W Line of Section
County: Chautauqua

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: 500 psi Injection Zone: REDD SAND
Maximum Authorized Injection Rate: 400 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	0	0			
February	0	0			
March	0	0			
April	0	0			
May	0	0			
June	0	0			
July	0	0			
August	0	0			
September	0	0			
October	0	0			
November	0	0			
December	0	0			
TOTAL	0		0		

Submitted Electronically