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 # 32119
Name: Northern Natural Gas Co.
Address 1: 1111 S 103RD ST
Address 2: P O BOX 3330
City: OMAHA State: NE Zip: 68124 + 3330
Contact Person: Kent Scripsick
Phone: (402) 536-8119
Lease Name: MCCLELLAN
Well Number: 2-23

API No.: 15-151-20689-00-01
Permit No: D25492.0
Reporting Year: 2020
(January 1 to December 31)

SE - NE - NE - NE Sec. 2 Twp. 28 S. R. 11 ☐ E ☑ W
(Q/Q/Q/Q)
4761 feet from ☐ N / ☑ S Line of Section
80 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: ARBUCKLE
Maximum Authorized Injection Rate: 8500 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	6673	0	0		15
February	13634	0	0		23
March	10698	0	0		19
April	2860	0	0		10
May	0	0	0		0
June	466	0	0		1
July	854	0	0		3
August	1436	0	0		2
September	776	0	0		2
October	5038	0	0		12
November	1312	0	0		6
December	3614	0	0		6
TOTAL	47361		0		

Submitted Electronically