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 # 5721
Name: Glacier Petroleum Co., Inc.
Address 1: 825 COMMERCIAL ST
Address 2: PO BOX 577
City: EMPORIA State: KS Zip: 66801 + 0577
Contact Person: J C Hawes
Phone: (620) 342-1148
Lease Name: STUEWE-STEINMEYER
Well Number: 2

API No.: 15-197-20229-00-00
Permit No: D25976.0
Reporting Year: 2020
(January 1 to December 31)

____ - SE - SW - SW Sec. 11 Twp. 13 S. R. 10 ☑ E ☐ W
(Q/Q/Q/Q)
319 feet from ☐ N / ☑ S Line of Section
4541 feet from ☑ E / ☐ W Line of Section
County: Wabaunsee

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: 100 psi Injection Zone: HUNTON
Maximum Authorized Injection Rate: 2500 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	22204	100	0		31
February	20771	100	0		29
March	24222	100	0		31
April	0	0	0		0
May	0	0	0		0
June	21878	100	0		30
July	22660	100	0		30
August	19804	100	0		31
September	19144	100	0		30
October	21466	100	0		31
November	20035	100	0		30
December	22182	100	0		31
TOTAL	214366		0		

Submitted Electronically