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: MCKEE BESSIE
Well Number: 4

API No.: 15-073-22571-00-02
Permit No: E29006.2
Reporting Year: 2020
(January 1 to December 31)

____ - SE - NW - NW Sec. 32 Twp. 23 S. R. 10 ☑ E ☐ W
(Q/Q/Q/Q)
4443 feet from ☐ N / ☑ S Line of Section
3986 feet from ☑ E / ☐ W Line of Section
County: Greenwood

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: 1000 psi Injection Zone: Viola
Maximum Authorized Injection Rate: 5000 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	5462	300	0		31
February	4755	300	0		29
March	5223	300	0		31
April	5239	300	0		30
May	4117	300	0		31
June	4116	300	0		30
July	4199	300	0		30
August	4379	300	0		31
September	4367	300	0		30
October	3709	300	0		31
November	3455	300	0		30
December	1711	300	0		31
TOTAL	50732		0		

Submitted Electronically