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 # 4184
Name: Chris Batchman Inc.
Address 1: 244 SE 120 AVE
Address 2:
City: ELLINWOOD State: KS Zip: 67526 + 9200
Contact Person: Chris Batchman
Phone: (620) 566-7111
Lease Name: ZAHORSKY A
Well Number: 1

API No.: 15-009-24860-00-01
Permit No: D31079.0
Reporting Year: 2020
(January 1 to December 31)

____ - NE - SE - SE Sec. 14 Twp. 20 S. R. 11 ☐ E ☑ W
(Q/Q/Q/Q)
990 feet from ☐ N / ☑ S Line of Section
330 feet from ☑ E / ☐ W Line of Section
County: Barton

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: 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	38750				31
February	36250				29
March	38750				31
April	17500				14
May	0				0
June	37500				30
July	38750				31
August	38750				31
September	38750				30
October	37500				31
November	37500				30
December	38750				31
TOTAL	398750		0		

Submitted Electronically