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 # 5684
Name: Sage, Larry George
Address 1: PO BOX 12
Address 2:
City: VIRGIL State: KS Zip: 66870 + 0012
Contact Person: Kelly Sage
Phone: (620) 437-6415
Lease Name: HOLLISTER
Well Number: 13

API No.: 15-073-20776-00-02
Permit No: E29038.2
Reporting Year: 2020
(January 1 to December 31)

____ - ____ - N2 - SE Sec. 5 Twp. 25 S. R. 13 ☑ E ☐ W
(Q/Q/Q/Q)
1990 feet from ☐ N / ☑ S Line of Section
1320 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: 1050 psi Injection Zone: BARTLESVILLE
Maximum Authorized Injection Rate: 500 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	2000	480			31
February	2000	480			29
March	2000	480			31
April	2000	480			30
May	2000	480			31
June	2000	480			30
July	2000	480			31
August	2000	480			31
September	2000	480			30
October	2000	480			31
November	2000	480			30
December	2000	480			31
TOTAL	24000		0		

Submitted Electronically