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: 34

API No.: 15-073-22976-00-01
Permit No: E29038.3
Reporting Year: 2020
(January 1 to December 31)

NE - NE - SE - SE Sec. 5 Twp. 25 S. R. 13 ☑ E ☐ W
(Q/Q/Q/Q)
1058 feet from ☐ N / ☑ S Line of Section
57 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	1600	450			31
February	1600	450			29
March	1600	450			31
April	1600	450			30
May	1600	450			31
June	1600	450			30
July	1600	450			31
August	1600	450			31
September	1600	450			30
October	1600	450			31
November	1600	450			30
December	1600	450			31
TOTAL	19200		0		

Submitted Electronically