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 # 33324
Name: Allam Production, Inc.
Address 1: PO BOX 2325
Address 2:
City: HUTCHINSON State: KS Zip: 67504 + 2325
Contact Person: WR Allam
Phone: (620) 664-1874
Lease Name: HAINES
Well Number: 1

API No.: 15-155-20313-00-02
Permit No: D18288.0
Reporting Year: 2020
(January 1 to December 31)

____ - ____ - NW - SW Sec. 4 Twp. 25 S. R. 5 ☐ E ☑ W
(Q/Q/Q/Q)
1985 feet from ☐ N / ☑ S Line of Section
4716 feet from ☑ E / ☐ W Line of Section
County: Reno

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: MISSISSIPPIAN
Maximum Authorized Injection Rate: 2000 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	5500	0	0		31
February	4300	0	0		29
March	5525	0	0		31
April	5500	0	0		30
May	5000	0	0		31
June	4000	0	0		30
July	4200	0	0		31
August	4800	0	0		31
September	5400	0	0		30
October	5300	0	0		31
November	4975	0	0		30
December	5200	0	0		31
TOTAL	59700		0		

Submitted Electronically