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 # 35514
Name: Reef Operating, Inc.
Address 1: 1308 SCHWALLER AVE
Address 2:
City: HAYS State: KS Zip: 67601 + 2242
Contact Person: Andy Werth
Phone: (785) 623-0013
Lease Name: WALZ TRIPLE STAR
Well Number: SWD

API No.: 15-065-02349-00-01
Permit No: D32956.0
Reporting Year: 2020
(January 1 to December 31)

____ - E2 - SE - SW Sec. 36 Twp. 10 S. R. 21 ☐ E ☑ W
(Q/Q/Q/Q)
660 feet from ☐ N / ☑ S Line of Section
2970 feet from ☑ E / ☐ W Line of Section
County: Graham

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: 6500 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January					
February					
March					
April	109200	0	0		21
May	161200	0	0		31
June	156000	0	0		30
July	161200	0	0		31
August	161200	0	0		31
September	156000	0	0		30
October	161200	0	0		31
November	156000	0	0		30
December	161200	0	0		31
TOTAL	1383200		0		

Submitted Electronically