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 # 34866
Name: Hart, Nick and Connie
Address 1: 122 N WASHINGTON
Address 2:
City: WELLINGTON State: KS Zip: 67152 + 3949
Contact Person: Nick Hart
Phone: (913) 259-3342
Lease Name: HART
Well Number: IW-5

API No.: 15-121-31030-00-00
Permit No: E32283.5
Reporting Year: 2020
(January 1 to December 31)

NE - SW - NW - NE Sec. 5 Twp. 17 S. R. 22 ☑ E ☐ W
(Q/Q/Q/Q)
4420 feet from ☐ N / ☑ S Line of Section
2145 feet from ☑ E / ☐ W Line of Section
County: Miami

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: 500 psi Injection Zone: SQUIRREL SAND
Maximum Authorized Injection Rate: 100 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	1240	350	0	0	31
February	1160	350	0	0	29
March	1240	350	0	0	31
April	1200	350	0	0	30
May	1240	350	0	0	31
June	1200	350	0	0	30
July	1240	350	0	0	31
August	1240	350	0	0	31
September	1200	350	0	0	30
October	1240	350	0	0	31
November	1200	350	0	0	30
December	1240	350	0	0	31
TOTAL	14640		0		

Submitted Electronically