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 # 32255
Name: Kansas Energy Company, L.L.C.
Address 1: PO BOX 68
Address 2:
City: SEDAN State: KS Zip: 67361 + 0068
Contact Person: P.J. Buck
Phone: (620) 725-3636
Lease Name: SCOTT
Well Number: C-3

API No.: 15-019-26832-00-01
Permit No: E31903.1
Reporting Year: 2020
(January 1 to December 31)

____ - NE - SE - NW Sec. 11 Twp. 34 S. R. 10 ☑ E ☐ W
(Q/Q/Q/Q)
3319 feet from ☐ N / ☑ S Line of Section
2793 feet from ☑ E / ☐ W Line of Section
County: Chautauqua

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: 400 psi Injection Zone: Wayside
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	1550	200	0	0	31
February	1450	200	0	0	29
March	1550	200	0	0	31
April	1500	200	0	0	30
May	1550	200	0	0	31
June	1500	200	0	0	30
July	1550	200	0	0	31
August	1550	200	0	0	31
September	1500	200	0	0	30
October	1550	200	0	0	31
November	1500	200	0	0	30
December	1550	200	0	0	31
TOTAL	18300		0		

Submitted Electronically