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 # 35586
Name: SNR Kansas Operating, LLC
Address 1: 301 NW 63RD STREET STE 400
Address 2:
City: OKLAHOMA CITY State: OK Zip: 73116 + 7906
Contact Person: Joe Craig
Phone: (405) 608-5610
Lease Name: SMITH INJ
Well Number: 2-35

API No.: 15-007-21661-00-01
Permit No: E27973.2
Reporting Year: 2020
(January 1 to December 31)

NW - SE - NE - SW Sec. 35 Twp. 31 S. R. 11 ☐ E ☑ W
(Q/Q/Q/Q)
1975 feet from ☐ N / ☑ S Line of Section
3190 feet from ☑ E / ☐ W Line of Section
County: Barber

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: 300 psi Injection Zone: DOUGLAS
Maximum Authorized Injection Rate: 2800 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					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November	9063	300	0	0	27
December	7517	300	0	0	29
TOTAL	16580		0		

Submitted Electronically