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 # 6484
Name: Anderson Energy, Inc.
Address 1: PO Box 781170
Address 2:
City: WICHITA State: KS Zip: 67278 + __ __ __ __
Contact Person: William L. Anderson
Phone: (316) 263-1006
Lease Name: RUSH TRUST
Well Number: C-1

API No.: 15-065-22704-00-01
Permit No: E26942.1
Reporting Year: 2020
(January 1 to December 31)

____ - SW - SE - NW Sec. 10 Twp. 6 S. R. 22 ☐ E ☑ W
(Q/Q/Q/Q)
3010 feet from ☐ N / ☑ S Line of Section
3582 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: 500 psi Injection Zone: LANSING-KANSAS CITY,LANSING J
Maximum Authorized Injection Rate: 500 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	4855				31
February	1879				12
March	0				0
April	0				0
May	0				0
June	0				0
July	0				0
August	783				5
September	4698				30
October	4855				31
November	4698				30
December	4698				30
TOTAL	26466		0		

Submitted Electronically