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: PARKER UNIT
Well Number: 2W

API No.: 15-167-03280-00-01
Permit No: E18326.2
Reporting Year: 2020
(January 1 to December 31)

____ - NW - SE - SE Sec. 12 Twp. 15 S. R. 13 ☐ E ☑ W
(Q/Q/Q/Q)
1003 feet from ☐ N / ☑ S Line of Section
962 feet from ☑ E / ☐ W Line of Section
County: Russell

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
Maximum Authorized Injection Rate: 300 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	6781				29
February	6313				27
March	7015				30
April	0				0
May	0				0
June	0				0
July	0				0
August	6080				26
September	7015				30
October	6547				28
November	6781				29
December	7249				31
TOTAL	53781		0		

Submitted Electronically