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 # 34883
Name: Area Management Corp
Address 1: 9001 ROE AVE
Address 2:
City: PRAIRIE VILLAGE State: KS Zip: 66207 + 2202
Contact Person: Lesli Baker
Phone: ( 913 ) 648-7700
Lease Name: LONGANECKER
Well Number: I-15

API No.: 15-091-23238-00-00
Permit No: E25490.15
Reporting Year: 2020
*(January 1 to December 31)*

NE - SW - NE - SW Sec. 30 Twp. 14 S. R. 22 ☑ E ☐ W
*(Q/Q/Q/Q)*
1795 feet from ☐ N / ☑ S Line of Section
3367 feet from ☑ E / ☐ W Line of Section
County: Johnson

**I. Injection Fluid:**

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☑ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: N/A mg/l Specific Gravity: N/A Additives: N/A
*(Attach water analysis, if available)*

**II. Well Data:**

Maximum Authorized Injection Pressure: 650 psi Injection Zone: Bartlesville
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 | 1108 | 550 | 0 | 0 | 31 |
| February | 1024 | 550 | 0 | 0 | 29 |
| March | 1133 | 500 | 0 | 0 | 31 |
| April | 1068 | 550 | 0 | 0 | 30 |
| May | 1200 | 550 | 0 | 0 | 31 |
| June | 1076 | 550 | 0 | 0 | 30 |
| July | 1172 | 550 | 0 | 0 | 31 |
| August | 1104 | 550 | 0 | 0 | 31 |
| September | 1134 | 550 | 0 | 0 | 30 |
| October | 1111 | 550 | 0 | 0 | 31 |
| November | 1118 | 550 | 0 | 0 | 30 |
| December | 1204 | 550 | 0 | 0 | 31 |
| ***TOTAL*** | 13452 | | 0 | | |

Submitted Electronically