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 # 35653
Name: Own Resources Operating LLC
Address 1: 36695 HWY 385
Address 2: PO BOX 250
City: WRAY State: CO Zip: 80758 + 0250
Contact Person: Pat Dolezal
Phone: (970) 332-3585
Lease Name: ISERNHAGEN
Well Number: 3-23

API No.: 15-023-20588-00-00
Permit No: D28573.0
Reporting Year: 2020
(January 1 to December 31)

____ - NW - NW - SE Sec. 23 Twp. 3 S. R. 41 ☐ E ☑ W
(Q/Q/Q/Q)
2216 feet from ☐ N / ☑ S Line of Section
2119 feet from ☑ E / ☐ W Line of Section
County: Cheyenne

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: CEDAR HILLS
Maximum Authorized Injection Rate: 2000 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	9345	260	0		10
February	7104	260	0		8
March	7136	260	0		8
April	6518	260	0		7
May	5287	260	0		7
June	1710	260	0		3
July	6412	260	0		7
August	4526	260	0		5
September	3694	260	0		5
October	8682	260	0		10
November	7956	260	0		10
December	5015	260	0		8
TOTAL	73385		0		

Submitted Electronically