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 # 33380
Name: Triple "S" Well Service, Inc.
Address 1: 1221 N WALNUT ST
Address 2:
City: EUREKA State: KS Zip: 67045 + 1027
Contact Person: perry soule
Phone: (620) 583-6559
Lease Name: GRABHAM (FEE)
Well Number: SWD-2

API No.: 15-073-23696-00-00
Permit No: D26194.0
Reporting Year: 2020
(January 1 to December 31)

____ - NE - NE - SW Sec. 35 Twp. 25 S. R. 10 ☑ E ☐ W
(Q/Q/Q/Q)
2558 feet from ☐ N / ☑ S Line of Section
3029 feet from ☑ E / ☐ W Line of Section
County: Greenwood

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: 0 psi Injection Zone: DOUGLAS
Maximum Authorized Injection Rate: 250 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	1700	0			31
February	1650	0			28
March	1700	0			31
April	1750	0			30
May	1700	0			31
June	1700	0			30
July	1700	0			31
August	1680	0			31
September	1700	50			30
October	1700	0			31
November	1680	0			30
December	1700	0			31
TOTAL	20360		0		

Submitted Electronically