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 # 32933
Name: Miller, Todd dba Speedy Well Service
Address 1: 402 W ELM ST
Address 2:
City: SEDAN State: KS Zip: 67361 + 1219
Contact Person: Todd Miller
Phone: (620) 725-3631
Lease Name: ALFORD
Well Number: A-9

API No.: 15-019-21383-00-01
Permit No: E06342.8
Reporting Year: 2020
(January 1 to December 31)

____ - NE - NW - SE Sec. 5 Twp. 34 S. R. 12 ☑ E ☐ W
(Q/Q/Q/Q)
2208 feet from ☐ N / ☑ S Line of Section
1656 feet from ☑ E / ☐ W Line of Section
County: Chautauqua

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: WAYSIDE SAND
Maximum Authorized Injection Rate: 500 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	5600	150	0	0	31
February	5200	150	0	0	29
March	5600	150	0	0	31
April	5400	150	0	0	30
May	5600	150	0	0	31
June	5400	150	0	0	30
July	5600	150	0	0	31
August	5600	150	0	0	31
September	5400	150	0	0	30
October	5600	150	0	0	31
November	5400	150	0	0	30
December	5600	150	0	0	31
TOTAL	66000		0		

Submitted Electronically