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: DAY
Well Number: 3

API No.: 15-019-23580-00-00
Permit No: D20987.0
Reporting Year: 2020
(January 1 to December 31)

____ - NW - SW - NE Sec. 19 Twp. 33 S. R. 11 ☑ E ☐ W
(Q/Q/Q/Q)
3451 feet from ☐ N / ☑ S Line of Section
2537 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: 120 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 1000 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	3875	0	0	0	31
February	3625	0	0	0	29
March	3875	0	0	0	31
April	3750	0	0	0	30
May	3875	0	0	0	31
June	3750	0	0	0	30
July	3875	0	0	0	31
August	3875	0	0	0	31
September	3750	0	0	0	30
October	3875	0	0	0	31
November	3750	0	0	0	30
December	3875	0	0	0	31
TOTAL	45750		0		

Submitted Electronically