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 # 31173
Name: Massey, Gary R.
Address 1: 1085 180TH ST
Address 2:
City: EUREKA State: KS Zip: 67045 + 4227
Contact Person: Lesli Baker
Phone: ( 620 ) 583-5747
Lease Name: HENLEY
Well Number: 2

API No.: 15-073-01433-00-01
Permit No: E27616.1
Reporting Year: 2020
*(January 1 to December 31)*

NE - SE - SW - ____ Sec. 4 Twp. 25 S. R. 9 ☑ E ☐ W
*(Q/Q/Q/Q)*
881 feet from ☐ N / ☑ S Line of Section
2913 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: N/A mg/l Specific Gravity: N/A Additives: N/A
*(Attach water analysis, if available)*

**II. Well Data:**

Maximum Authorized Injection Pressure: 800 psi Injection Zone: Bartlesville
Maximum Authorized Injection Rate: 400 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 | 6800 | 400 | 0 | 0 | 31 |
| February | 6155 | 400 | 0 | 0 | 28 |
| March | 6816 | 400 | 0 | 0 | 31 |
| April | 6599 | 400 | 0 | 0 | 30 |
| May | 6820 | 400 | 0 | 0 | 31 |
| June | 6600 | 400 | 0 | 0 | 30 |
| July | 6819 | 400 | 0 | 0 | 31 |
| August | 6820 | 400 | 0 | 0 | 31 |
| September | 6590 | 400 | 0 | 0 | 30 |
| October | 6815 | 400 | 0 | 0 | 31 |
| November | 6595 | 400 | 0 | 0 | 30 |
| December | 6814 | 400 | 0 | 0 | 31 |
| ***TOTAL*** | 80243 | | 0 | | |

Submitted Electronically