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 # 5953
Name: A. R. & R., Ltd.
Address 1: 6213 SAWGRASS PL
Address 2:
City: BARTLESVILLE State: OK Zip: 74006 + 2947
Contact Person: andy park
Phone: (620) 252-5009
Lease Name: KINCAID TRUST
Well Number: 4A-30 SWD

API No.: 15-125-31228-00-00
Permit No: D28841.0
Reporting Year: 2020
(January 1 to December 31)

SE - SE - NE - NE Sec. 30 Twp. 34 S. R. 14 ☑ E ☐ W
(Q/Q/Q/Q)
4010 feet from ☐ N / ☑ S Line of Section
178 feet from ☑ E / ☐ W Line of Section
County: Montgomery

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: 300 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 8000 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	200	0			8
February	200	0			8
March	600	0			30
April	500	0			20
May	300	0			15
June	500	0			20
July	600	0			30
August	600	0			30
September	200	0			10
October	600	0			30
November	500	0			25
December	300	0			15
TOTAL	5100		0		

Submitted Electronically