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 # 8981
Name: Adeco, Inc.
Address 1: BOX 873
Address 2:
City: HAYS State: KS Zip: 67601 + 0873
Contact Person: Melissa Holub
Phone: (785) 625-6010
Lease Name: JOLLY
Well Number: 2

API No.: 15-039-20580-00-00
Permit No: D20330.0
Reporting Year: 2020
(January 1 to December 31)

____ - NW - NW - NE Sec. 1 Twp. 1 S. R. 26 ☐ E ☑ W
(Q/Q/Q/Q)
4740 feet from ☐ N / ☑ S Line of Section
2029 feet from ☑ E / ☐ W Line of Section
County: Decatur

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: 250 psi Injection Zone: CEDAR HILLS
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	4762	0	0	0	31
February	2946	0	0	0	28
March	4092	0	0	0	31
April	3989	0	0	0	30
May	0	0	0	0	0
June	4465	0	0	0	30
July	4080	0	0	0	31
August	3858	0	0	0	31
September	3763	0	0	0	30
October	3770	0	0	0	31
November	3223	0	0	0	30
December	3773	0	0	0	31
TOTAL	42721		0		

Submitted Electronically