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 # 9855
Name: Grand Mesa Operating Company
Address 1: 1700 N WATERFRONT PKWY BLDG 600
Address 2:
City: WICHITA State: KS Zip: 67206 + 5514
Contact Person: Ron Fowler
Phone: ( 316 ) 265-3000
Lease Name: DICKMAN
Well Number: 4

API No.: 15-135-19063-00-00
Permit No: E10347.1
Reporting Year: 2020
*(January 1 to December 31)*

____ - SW - NW - NE Sec. 17 Twp. 17 S. R. 24 ☐ E ☑ W
*(Q/Q/Q/Q)*
4597 feet from ☐ N / ☑ S Line of Section
2076 feet from ☑ E / ☐ W Line of Section
County: Ness

**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: 600 psi Injection Zone: MISSISSIPPIAN
Maximum Authorized Injection Rate: 1500 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 | 30008 | 0 | 0 | 0 | 31 |
| February | 28530 | 0 | 0 | 0 | 28 |
| March | 23594 | 0 | 0 | 0 | 31 |
| April | 27617 | 0 | 0 | 0 | 30 |
| May | 21933 | 0 | 0 | 0 | 31 |
| June | 21078 | 0 | 0 | 0 | 30 |
| July | 23884 | 0 | 0 | 0 | 31 |
| August | 32930 | 0 | 0 | 0 | 31 |
| September | 30565 | 0 | 0 | 0 | 30 |
| October | 32922 | 0 | 0 | 0 | 31 |
| November | 30592 | 0 | 0 | 0 | 30 |
| December | 32361 | 0 | 0 | 0 | 31 |
| ***TOTAL*** | 336014 | | 0 | | |

Submitted Electronically