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 # 4452
Name: Ferguson, Kent L.
Address 1: 2339 CENTER RD
Address 2:
City: GLADE State: KS Zip: 67639 + 3948
Contact Person: Kent Ferguson
Phone: (785) 543-8292
Lease Name: FERGUSON
Well Number: 3

API No.: 15-147-20238-00-01
Permit No: D24216.0
Reporting Year: 2020
(January 1 to December 31)

____ - NW - SE - SE Sec. 34 Twp. 4 S. R. 18 ☐ E ☑ W
(Q/Q/Q/Q)
1002 feet from ☐ N / ☑ S Line of Section
1147 feet from ☑ E / ☐ W Line of Section
County: Phillips

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: 100 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	0				0
February	0				0
March	0				0
April	0				0
May	0				0
June	0				0
July	0				0
August	0				0
September	0				0
October	0				0
November	0				0
December	0				0
TOTAL	0		0		

Submitted Electronically