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 # 34059
Name: Hurricane Services, Inc.
Address 1: 250 N WATER ST STE 200
Address 2:
City: WICHITA State: KS Zip: 67202 + 1215
Contact Person: Tonya Urban
Phone: (316) 303-9515
Lease Name: BOXBERGER A
Well Number: 10-D

API No.: 15-167-22626-00-00
Permit No: D24137.0
Reporting Year: 2020
(January 1 to December 31)

____ - NW - SE - NW Sec. 32 Twp. 13 S. R. 14 ☐ E ☑ W
(Q/Q/Q/Q)
3657 feet from ☐ N / ☑ S Line of Section
3734 feet from ☑ E / ☐ W Line of Section
County: Russell

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: 0 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 15000 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	5789				31
February	5313				28
March	6949				31
April	5462				30
May	1680				31
June	7448				30
July	6387				31
August	7288				30
September	6947				30
October	6770				31
November	6430				30
December	6392				31
TOTAL	72855		0		

Submitted Electronically