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 # 6279
Name: Patrick Development Corporation
Address 1: 3408 W 93RD ST
Address 2:
City: LEAWOOD State: KS Zip: 66206 + 2005
Contact Person: kerry patrick
Phone: (913) 375-8368
Lease Name: EARL GRAY
Well Number: 66

API No.: 15-207-27664-00-01
Permit No: E08990.54
Reporting Year: 2020
(January 1 to December 31)

____ - NW - SE - SE Sec. 18 Twp. 26 S. R. 17 ☑ E ☐ W
(Q/Q/Q/Q)
1019 feet from ☐ N / ☑ S Line of Section
1153 feet from ☑ E / ☐ W Line of Section
County: Woodson

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: 800 psi Injection Zone: SQUIRREL SAND
Maximum Authorized Injection Rate: 300 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	300	450			25
February	300	450			25
March	300	450			25
April	300	450			25
May	300	450			25
June	400	450			25
July	400	450			25
August	400	450			25
September	400	450			25
October	350	450			25
November	300	450			25
December	300	450			25
TOTAL	4050		0		

Submitted Electronically