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 # 31225
Name: Haddock, Jack L.
Address 1: 778 TOULON AVE
Address 2:
City: HAYS State: KS Zip: 67601 + 9515
Contact Person: Jack L Haddock
Phone: (785) 628-3628
Lease Name: LEIKER B
Well Number: 5

API No.: 15-051-21522-00-01
Permit No: D26260.0
Reporting Year: 2020
(January 1 to December 31)

____ - NE - SE - NE Sec. 19 Twp. 15 S. R. 17 ☐ E ☑ W
(Q/Q/Q/Q)
3580 feet from ☐ N / ☑ S Line of Section
396 feet from ☑ E / ☐ W Line of Section
County: Ellis

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: soap & chem
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 0 psi Injection Zone: REAGAN
Maximum Authorized Injection Rate: 1000 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	7068	0	0	0	31
February	6612	0	0	0	29
March	7068	0	0	0	31
April	6840	0	0	0	30
May	7068	0	0	0	31
June	6840	0	0	0	30
July	7068	0	0	0	31
August	7068	0	0	0	31
September	5940	0	0	0	30
October	6138	0	0	0	31
November	5940	0	0	0	30
December	6138	0	0	0	31
TOTAL	79788		0		

Submitted Electronically