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: GRAY
Well Number: PDC3

API No.: 15-207-26121-00-01
Permit No: E08990.48
Reporting Year: 2020
(January 1 to December 31)

____ - NW - NE - SE Sec. 18 Twp. 26 S. R. 17 ☑ E ☐ W
(Q/Q/Q/Q)
2072 feet from ☐ N / ☑ S Line of Section
713 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	150	400			25
February	150				25
March	150				25
April	150				25
May	150				25
June	200				25
July	200				25
August	200				25
September	200				25
October	200				25
November	200				25
December	200				25
TOTAL	2150		0		

Submitted Electronically