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: N 5

API No.: 15-207-02256-00-01
Permit No: E08990.7
Reporting Year: 2020
(January 1 to December 31)

____ - SW - SE - SE Sec. 18 Twp. 26 S. R. 17 ☑ E ☐ W
(Q/Q/Q/Q)
388 feet from ☐ N / ☑ S Line of Section
1008 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: BARTLESVILLE,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	300	0		20
February	150	300			20
March	200	300			20
April	200	300			20
May	250	300			25
June	250	300			25
July	250	300			25
August	300	300			25
September	300	300			25
October	250	300			25
November	200	300			25
December	200	300			2
TOTAL	2700		0		

Submitted Electronically