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 # 33662
Name: Owen, Matthew
Address 1: PO BOX 70
Address 2:
City: HAMILTON State: KS Zip: 66853 + 0070
Contact Person: Matthew Owen
Phone: (620) 750-0039
Lease Name: PIKE
Well Number: B1 (2)

API No.: 15-073-22787-00-00
Permit No: D21961.0
Reporting Year: 2020
(January 1 to December 31)

NE - NE - NE - SE Sec. 5 Twp. 27 S. R. 10 ☑ E ☐ W
(Q/Q/Q/Q)
2310 feet from ☐ N / ☑ S Line of Section
330 feet from ☑ E / ☐ W Line of Section
County: Greenwood

I. Injection Fluid:

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☑ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: 0 mg/l Specific Gravity: Additives: 0
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 500 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 775 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	0				
February	0				
March	0				
April	0				
May	0				
June	0				
July	0				
August	0				
September	0				
October	0				
November	0				
December	0				
TOTAL	0		0		

Submitted Electronically