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 # 8210
Name: Birk, Linda
Address 1: 302 S 16TH ST
Address 2:
City: BURLINGTON State: KS Zip: 66839 + 2329
Contact Person: Linda Birk
Phone: (620) 364-1311
Lease Name: SHEPHARD
Well Number: I 3

API No.: 15-207-25976-00-00
Permit No: E26472.3
Reporting Year: 2020
(January 1 to December 31)

____ - NE - NE - SE Sec. 28 Twp. 23 S. R. 16 ☑ E ☐ W
(Q/Q/Q/Q)
2006 feet from ☐ N / ☑ S Line of Section
320 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: 450 psi Injection Zone: SQUIRREL SAND
Maximum Authorized Injection Rate: 35 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 18 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	180	400	0		31
February	180	400	0		28
March	190	400	0		31
April	190	400	0		30
May	180	400	0		31
June	180	400	0		30
July	190	400	0		31
August	190	400	0		31
September	180	400	0		30
October	180	400	0		31
November	190	400	0		30
December	190	400	0		31
TOTAL	2220		0		

Submitted Electronically