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 # 6988
Name: Smith, Richard E. dba Smith Oil Operations
Address 1: 410 N. ADAMS
Address 2: PO BOX 550
City: HUTCHINSON State: KS Zip: 67504 + 0550
Contact Person: DALE R. OHL
Phone: (620) 663-6622
Lease Name: NEELAND
Well Number: 3

API No.: 15-159-21977-00-01
Permit No: D26021.0
Reporting Year: 2020
(January 1 to December 31)

____ - SE - SW - SW Sec. 33 Twp. 19 S. R. 10 ☐ E ☑ W
(Q/Q/Q/Q)
353 feet from ☐ N / ☑ S Line of Section
4044 feet from ☑ E / ☐ W Line of Section
County: Rice

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: 200 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 8000 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	75454		0		31
February	71601		0		29
March	37360		0		16
April	0		0		0
May	0		0		0
June	0		0		0
July	0		0		0
August	0		0		0
September	0		0		0
October	0		0		0
November	0		0		0
December	0		0		0
TOTAL	184415		0		

Submitted Electronically