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: BROWNLEE
Well Number: 1

API No.: 15-185-22282-00-02
Permit No: D26807.0
Reporting Year: 2020
(January 1 to December 31)

____ - NW - NE - SE Sec. 1 Twp. 25 S. R. 11 ☐ E ☑ W
(Q/Q/Q/Q)
2358 feet from ☐ N / ☑ S Line of Section
1037 feet from ☑ E / ☐ W Line of Section
County: Stafford

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: 0 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 4000 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	66		0		22
February	45		0		15
March	93		0		31
April	90		0		30
May	93		0		31
June	90		0		30
July	0		0		0
August	0		0		0
September	0		0		0
October	63		0		21
November	87		0		29
December	78		0		26
TOTAL	705		0		

Submitted Electronically