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: FAIR
Well Number: 4

API No.: 15-185-11880-00-00
Permit No: D09826.0
Reporting Year: 2020
(January 1 to December 31)

____ - SW - SE - SW Sec. 15 Twp. 21 S. R. 11 ☐ E ☑ W
(Q/Q/Q/Q)
372 feet from ☐ N / ☑ S Line of Section
3626 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: 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	414		0		31
February	391		0		27
March	474		0		31
April	430		0		30
May	446		0		29
June	400		0		30
July	412		0		31
August	460		0		30
September	430		0		30
October	412		0		31
November	1920		0		30
December	970		0		31
TOTAL	7159		0		

Submitted Electronically