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 # 33752
Name: EMC Properties, LLC
Address 1: PO BOX 1773
Address 2:
City: LAWRENCE State: KS Zip: 66044 + 1773
Contact Person: morris kay
Phone: (913) 231-0223
Lease Name: GILLESPIE
Well Number: 4-A

API No.: 15-091-22047-00-00
Permit No: E25547.4
Reporting Year: 2020
(January 1 to December 31)

NE - SW - NE - SE Sec. 19 Twp. 14 S. R. 22 ☑ E ☐ W
(Q/Q/Q/Q)
1687 feet from ☐ N / ☑ S Line of Section
905 feet from ☑ E / ☐ W Line of Section
County: Johnson

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: 600 psi Injection Zone: BARTLESVILLE
Maximum Authorized Injection Rate: 60 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	300	0		0
February	0	300	0		0
March	0	300	0		0
April	0	300	0		0
May	900	300	0		30
June	840	300	0		28
July	930	300	0		31
August	930	300	0		31
September	870	300	0		29
October	870	300	0		29
November	870	300	0		29
December	900	300	0		30
TOTAL	7110		0		

Submitted Electronically