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 # 33816
Name: Curry, Gregg
Address 1: 1986 310TH ST
Address 2:
City: MADISON State: KS Zip: 66860 + 8023
Contact Person: GREGG CURRY
Phone: (620) 437-2526
Lease Name: HIND
Well Number: 29S

API No.: 15-073-01016-00-01
Permit No: D26621.0
Reporting Year: 2020
(January 1 to December 31)

____ - ____ - SE - SW Sec. 11 Twp. 22 S. R. 11 ☑ E ☐ W
(Q/Q/Q/Q)
660 feet from ☐ N / ☑ S Line of Section
3300 feet from ☑ E / ☐ W Line of Section
County: Greenwood

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: DOUGLAS
Maximum Authorized Injection Rate: 2000 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	1500	0			31
February	1500	0			29
March	1500	0			31
April	1500	0			30
May	1500	0			31
June	1500	0			30
July	1500	0			31
August	1500	0			31
September	1500	0			30
October	1500	0			31
November	1500	0			30
December	1500	0			31
TOTAL	18000		0		

Submitted Electronically