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 # 32485
Name: Patteson, Thomas Wade
Address 1: 484 Osage Trail
Address 2:
City: Moline State: KS Zip: 67353 + 9718
Contact Person: Thomas Patteson
Phone: (620) 330-8718
Lease Name: MCALISTER
Well Number: 1

API No.: 15-019-20328-00-01
Permit No: D18309.0
Reporting Year: 2020
(January 1 to December 31)

NE - SE - NW - NE Sec. 28 Twp. 32 S. R. 10 ☑ E ☐ W
(Q/Q/Q/Q)
4479 feet from ☐ N / ☑ S Line of Section
1641 feet from ☑ E / ☐ W Line of Section
County: Chautauqua

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: 300 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 800 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	23250	0	0	0	31
February	21000	0	0	0	28
March	23250	0	0	0	31
April	22500	0	0	0	30
May	23250	0	0	0	31
June	22500	0	0	0	30
July	23250	0	0	0	31
August	23250	0	0	0	31
September	22500	0	0	0	30
October	23250	0	0	0	31
November	22500	0	0	0	30
December	23250	0	0	0	31
TOTAL	273750		0		

Submitted Electronically