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: MORRIS EAST
Well Number: W 6

API No.: 15-091-22059-00-00
Permit No: E25403.7
Reporting Year: 2020
*(January 1 to December 31)*

____ - NE - SW - SW Sec. 20 Twp. 14 S. R. 22 ☑ E ☐ W
*(Q/Q/Q/Q)*
835 feet from ☐ N / ☑ S Line of Section
4171 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: 250 psi Injection Zone: BARTLESVILLE
Maximum Authorized Injection Rate: 15 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 | 435 | 250 | 0 | | 29 |
| February | 405 | 250 | 0 | | 27 |
| March | 345 | 250 | 0 | | 23 |
| April | 450 | 250 | 0 | | 30 |
| May | 450 | 250 | 0 | | 30 |
| June | 450 | 250 | 0 | | 30 |
| July | 465 | 250 | 0 | | 31 |
| August | 465 | 250 | 0 | | 31 |
| September | 435 | 250 | 0 | | 29 |
| October | 450 | 250 | 0 | | 30 |
| November | 435 | 250 | 0 | | 29 |
| December | 450 | 250 | 0 | | 30 |
| ***TOTAL*** | 5235 | | 0 | | |

Submitted Electronically