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 # 3134
Name: Morris, Terry E. dba G L M Company
Address 1: PO BOX 193
Address 2:
City: RUSSELL State: KS Zip: 67665 + 0193
Contact Person: Terry Morris
Phone: (785) 483-1307
Lease Name: THEIS A
Well Number: 2

API No.: 15-115-19113-00-01
Permit No: E28458.1
Reporting Year: 2020
(January 1 to December 31)

____ - NW - NE - SW Sec. 15 Twp. 19 S. R. 4 ☑ E ☐ W
(Q/Q/Q/Q)
2139 feet from ☐ N / ☑ S Line of Section
3842 feet from ☑ E / ☐ W Line of Section
County: Marion

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: mississippian
Maximum Authorized Injection Rate: 500 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	837	0	0	0	31
February	783	0	0	0	29
March	837	0	0	0	31
April	810	0	0	0	30
May	0	0	0	0	0
June	0	0	0	0	0
July	0	0	0	0	0
August	0	0	0	0	0
September	0	0	0	0	0
October	0	0	0	0	0
November	0	0	0	0	0
December	0	0	0	0	0
TOTAL	3267		0		

Submitted Electronically