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 # 32917
Name: Richardson and Son , Inc.
Address 1: 17295 151ST RD
Address 2:
City: WINFIELD State: KS Zip: 67156 + 7524
Contact Person: bryan richardson
Phone: (620) 229-8685
Lease Name: GAMMON III
Well Number: 3

API No.: 15-035-22648-00-01
Permit No: E31462.1
Reporting Year: 2020
(January 1 to December 31)

SE - SW - NE - SE Sec. 19 Twp. 34 S. R. 7 ☑ E ☐ W
(Q/Q/Q/Q)
1572 feet from ☐ N / ☑ S Line of Section
862 feet from ☑ E / ☐ W Line of Section
County: Cowley

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: 500 psi Injection Zone: ALTAMONT
Maximum Authorized Injection Rate: 300 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	1500	40	0	0	30
February	1500	40	0	0	28
March	1500	40	0	0	30
April	200	0	0	0	30
May	200	0	0	0	30
June	1500	0	0	0	30
July	1500	0	0	0	30
August	1500	0	0	0	30
September	1500	0	0	0	30
October	1500	20	0	0	30
November	1500	20	0	0	30
December	1500	20	0	0	30
TOTAL	15400		0		

Submitted Electronically