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 # 31813
Name: Becker, Steve A. dba A & A Well Service
Address 1: 4500 CONNECTICUT RD
Address 2:
City: ELSMORE State: KS Zip: 66732 + 4069
Contact Person: Janet Mattox
Phone: ( 620 ) 754-3788
Lease Name: SISSON
Well Number: RW-9

API No.: 15-001-28268-00-00
Permit No: E18297.7
Reporting Year: 2020
*(January 1 to December 31)*

____ - NW - SW - SW Sec. 22 Twp. 25 S. R. 21 ☑ E ☐ W
*(Q/Q/Q/Q)*
1050 feet from ☐ N / ☑ S Line of Section
4780 feet from ☑ E / ☐ W Line of Section
County: Allen

**I. Injection Fluid:**

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☑ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: N/A mg/l Specific Gravity: N/A Additives: N/A
*(Attach water analysis, if available)*

**II. Well Data:**

Maximum Authorized Injection Pressure: 550 psi Injection Zone: Bartleville
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 | 0 | 0 | 0 | 0 | 31 |
| February | 0 | 0 | 0 | 0 | 29 |
| March | 0 | 0 | 0 | 0 | 31 |
| April | 0 | 0 | 0 | 0 | 30 |
| May | 0 | 0 | 0 | 0 | 31 |
| June | 0 | 0 | 0 | 0 | 30 |
| July | 0 | 0 | 0 | 0 | 31 |
| August | 0 | 0 | 0 | 0 | 31 |
| September | 0 | 0 | 0 | 0 | 30 |
| October | 0 | 0 | 0 | 0 | 31 |
| November | 0 | 0 | 0 | 0 | 30 |
| December | 0 | 0 | 0 | 0 | 31 |
| ***TOTAL*** | 0 | | 0 | | |

Submitted Electronically