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: LARSON
Well Number: W 2

API No.: 15-001-22824-00-00
Permit No: E17800.2
Reporting Year: 2020
(January 1 to December 31)

____ - NW - NW - NW Sec. 15 Twp. 26 S. R. 21 ☑ E ☐ W
(Q/Q/Q/Q)
4809 feet from ☐ N / ☑ S Line of Section
4974 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: 50 psi Injection Zone: Bartleville
Maximum Authorized Injection Rate: 12 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	300	50	0	0	31
February	250	50	0	0	29
March	225	50	0	0	31
April	215	50	0	0	30
May	200	50	0	0	31
June	195	50	0	0	30
July	200	50	0	0	31
August	235	50	0	0	31
September	225	50	0	0	30
October	210	50	0	0	31
November	210	50	0	0	30
December	200	50	0	0	31
TOTAL	2665		0		

Submitted Electronically