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 # 34888
Name: Patterson Energy LLC
Address 1: PO BOX 400
Address 2:
City: HAYS State: KS Zip: 67601 + 0400
Contact Person: Zach Patterson
Phone: ( 785 ) 259-3717
Lease Name: SMITH A
Well Number: 2

API No.: 15-051-22610-00-00
Permit No: D20677.0
Reporting Year: 2020
*(January 1 to December 31)*

____ - NW - NW - NE Sec. 14 Twp. 12 S. R. 16 ☐ E ☑ W
*(Q/Q/Q/Q)*
5110 feet from ☐ N / ☑ S Line of Section
2342 feet from ☑ E / ☐ W Line of Section
County: Ellis

**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: 100 psi Injection Zone: GRANIT WASH
Maximum Authorized Injection Rate: 5000 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 | 45000 | | | | 31 |
| February | 45000 | | | | 28 |
| March | 45000 | | | | 31 |
| April | 45000 | | | | 30 |
| May | 45000 | | | | 31 |
| June | 45000 | | | | 30 |
| July | 45000 | | | | 31 |
| August | 45000 | | | | 31 |
| September | 45000 | | | | 30 |
| October | 45000 | | | | 31 |
| November | 45000 | | | | 30 |
| December | 45000 | | | | 31 |
| ***TOTAL*** | 540000 | | 0 | | |

Submitted Electronically