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 # 32062
Name: ARDC INC.
Address 1: 108 W 34TH ST
Address 2:
City: HAYS State: KS Zip: 67601 + 1629
Contact Person: Greg Whitehair
Phone: (785) 625-6588
Lease Name: LANDGREN
Well Number: B2

API No.: 15-113-20991-00-02
Permit No: D30965.0
Reporting Year: 2020
(January 1 to December 31)

____ - NE - NW - SW Sec. 6 Twp. 18 S. R. 3 ☐ E ☑ W
(Q/Q/Q/Q)
2210 feet from ☐ N / ☑ S Line of Section
4290 feet from ☑ E / ☐ W Line of Section
County: McPherson

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: ARBUCKLE
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	24800	0	0	0	31
February	22000	0	0	0	28
March	25000	0	0	0	31
April	24000	0	0	0	30
May	24800	0	0	0	31
June	24000	0	0	0	30
July	25000	0	0	0	31
August	25000	0	0	0	31
September	24000	0	0	0	30
October	25000	0	0	0	31
November	23850	0	0	0	30
December	25500	0	0	0	31
TOTAL	292950		0		

Submitted Electronically