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 Whiehair
Phone: (785) 625-6588
Lease Name: O'NEILL
Well Number: 1

API No.: 15-147-20064-00-02
Permit No: D28093.0
Reporting Year: 2020
(January 1 to December 31)

____ - NE - NE - NW Sec. 14 Twp. 1 S. R. 18 ☐ E ☑ W
(Q/Q/Q/Q)
4929 feet from ☐ N / ☑ S Line of Section
3054 feet from ☑ E / ☐ W Line of Section
County: Phillips

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: CEDAR HILLS
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	450	0	0	0	31
February	450	0	0	0	28
March	400	0	0	0	31
April	450	0	0	0	30
May	400	0	0	0	31
June	400	0	0	0	30
July	450	0	0	0	31
August	450	0	0	0	31
September	450	0	0	0	30
October	450	0	0	0	31
November	450	0	0	0	30
December	2400	0	0	0	31
TOTAL	7200		0		

Submitted Electronically