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 # 30280
Name: Sunflower Well Service, Inc.
Address 1: 1770 28TH AVE
Address 2: PO BOX 341
City: CANTON State: KS Zip: 67428 + 0341
Contact Person: LaMonte P. "Bud" Davis, Jr.
Phone: (620) 628-4723
Lease Name: COONS B
Well Number: 1

API No.: 15-113-02340-00-01
Permit No: E18623.1
Reporting Year: 2020
(January 1 to December 31)

____ - NW - SE - SW Sec. 13 Twp. 19 S. R. 1 ☐ E ☑ W
(Q/Q/Q/Q)
1031 feet from ☐ N / ☑ S Line of Section
3702 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: 10 psi Injection Zone: MISSISSIPPIAN
Maximum Authorized Injection Rate: 1500 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	930				31
February	840				28
March	930				31
April	900				30
May	930				31
June	900				30
July	930				31
August	930				31
September	900				30
October	930				31
November	900				30
December	930				31
TOTAL	10950		0		

Submitted Electronically