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 # 35735
Name: House, Dustin
Address 1: 5627 WOODLAND RD
Address 2:
City: SHAWNEE State: KS Zip: 66218 + 9046
Contact Person: Dustin House
Phone: (913) 748-5467
Lease Name: CHASE
Well Number: I-2

API No.: 15-059-26877-00-00
Permit No: E24623.3
Reporting Year: 2020
(January 1 to December 31)

____ - ____ - NW - NW Sec. 33 Twp. 17 S. R. 21 ☑ E ☐ W
(Q/Q/Q/Q)
4938 feet from ☐ N / ☑ S Line of Section
4657 feet from ☑ E / ☐ W Line of Section
County: Franklin

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: 600 psi Injection Zone: SQUIRREL SAND
Maximum Authorized Injection Rate: 75 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	0	0			
February	0	0			
March	2	600			31
April	2	600			30
May	2	600			31
June	2	600			30
July	2	600			31
August	2	600			31
September	2	600			30
October	2	600			31
November	0	0			
December	0	0			
TOTAL	16		0		

Submitted Electronically