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 # 35164
Name: Jim Snyder, Inc.
Address 1: PO BOX 109
Address 2:
City: HAMILTON State: KS Zip: 66853 + 0109
Contact Person: Linda Snyder
Phone: (620) 344-6283
Lease Name: FREEMAN
Well Number: 1

API No.: 15-073-23452-00-01
Permit No: E27015.1
Reporting Year: 2020
(January 1 to December 31)

____ - SE - NW - NE Sec. 28 Twp. 23 S. R. 11 ☑ E ☐ W
(Q/Q/Q/Q)
4599 feet from ☐ N / ☑ S Line of Section
1670 feet from ☑ E / ☐ W Line of Section
County: Greenwood

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: none
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 800 psi Injection Zone: Bartlesville
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	500	0	0	31
February	500	500	0	0	29
March	310	500	0	0	19
April	0	0	0	0	0
May	100	500	0	0	4
June	500	500	0	0	30
July	200	500	0	0	10
August	650	500	0	0	31
September	575	600	0	0	30
October	625	675	0	0	31
November	350	500	0	0	26
December	575	500	0	0	31
TOTAL	4835		0		

Submitted Electronically