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: DRUMM
Well Number: 6-C

API No.: 15-015-40069-00-01
Permit No: E19668.1
Reporting Year: 2020
(January 1 to December 31)

SE - SE - SW - NW Sec. 29 Twp. 26 S. R. 8 ☑ E ☐ W
(Q/Q/Q/Q)
2807 feet from ☐ N / ☑ S Line of Section
4028 feet from ☑ E / ☐ W Line of Section
County: Butler

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: 250 psi Injection Zone: Cattlesmen
Maximum Authorized Injection Rate: 400 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	0	0	0
February	0	0	0	0	0
March	0	0	0	0	0
April	0	0	0	0	0
May	0	0	0	0	0
June	0	0	0	0	0
July	0	0	0	0	0
August	0	0	0	0	0
September	0	0	0	0	0
October	0	0	0	0	0
November	0	0	0	0	0
December	0	0	0	0	0
TOTAL	0		0		

Submitted Electronically