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 # 5050
Name: Hummon Corporation
Address 1: PO BOX 365
Address 2:
City: MEDICINE LODGE State: KS Zip: 67104 + 0365
Contact Person: Bryant Theis
Phone: (620) 930-2645
Lease Name: REISS
Well Number: 2-14

API No.: 15-175-20242-00-02
Permit No: D28066.0
Reporting Year: 2020
(January 1 to December 31)

____ - ____ - ____ - SE Sec. 14 Twp. 32 S. R. 31 ☐ E ☑ W
(Q/Q/Q/Q)
1300 feet from ☐ N / ☑ S Line of Section
1318 feet from ☑ E / ☐ W Line of Section
County: Seward

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: 100 psi Injection Zone: MARMATON

Maximum Authorized Injection Rate: 2200 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					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
TOTAL	0		0		

Submitted Electronically