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 # 33288
Name: Manning, Gregory
Address 1: 574 SE 130 AVE
Address 2:
City: ELLINWOOD State: KS Zip: 67526 + 9270
Contact Person: Gregory Manning
Phone: (620) 564-2302
Lease Name: BRYANT C
Well Number: 7

API No.: 15-009-15623-00-00
Permit No: D03187.0
Reporting Year: 2020
(January 1 to December 31)

____ - ____ - NW - SW Sec. 26 Twp. 20 S. R. 12 ☐ E ☑ W
(Q/Q/Q/Q)
2338 feet from ☐ N / ☑ S Line of Section
4616 feet from ☑ E / ☐ W Line of Section
County: Barton

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: 50 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 7500 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	4340	0	0	0	31
February	4060	0	0	0	29
March	4340	0	0	0	31
April	4200	0	0	0	30
May	4340	0	0	0	31
June	4200	0	0	0	30
July	4340	0	0	0	31
August	4340	0	0	0	31
September	4200	0	0	0	30
October	4340	0	0	0	31
November	4200	0	0	0	30
December	4340	0	0	0	31
TOTAL	51240		0		

Submitted Electronically