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 # 34291
Name: Hodges, Dennis D. and/or Peggy D.
Address 1: 1827 RD Z
Address 2:
City: READING State: KS Zip: 66868 + __ __ __ __
Contact Person: Peggy D. Hodges
Phone: (620) 341-7300
Lease Name: PAXSON
Well Number: 2

API No.: 15-031-21632-00-00
Permit No: D24825.0
Reporting Year: 2020
(January 1 to December 31)

____ - NE - NE - SW Sec. 1 Twp. 21 S. R. 13 ☑ E ☐ W
(Q/Q/Q/Q)
2310 feet from ☐ N / ☑ S Line of Section
2970 feet from ☑ E / ☐ W Line of Section
County: Coffey

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: 300 psi Injection Zone: SIMPSON
Maximum Authorized Injection Rate: 1000 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	930	0	0		31
February	840	0	0		28
March	930	0	0		31
April	900	0	0		30
May	930	0	0		31
June	900	0	0		30
July	930	0	0		31
August	930	0	0		31
September	900	0	0		30
October	930	0	0		31
November	900	0	0		30
December	930	0	0		31
TOTAL	10950		0		

Submitted Electronically