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 # 31902
Name: Holt, Carol
Address 1: 400 S 13TH ST
Address 2:
City: INDEPENDENCE State: KS Zip: 67301 + 4026
Contact Person: Tony Holt
Phone: (620) 330-0080
Lease Name: CATLETT
Well Number: 7

API No.: 15-125-19294-00-01
Permit No: E33033.1
Reporting Year: 2020
(January 1 to December 31)

____ - NW - NW - NW Sec. 2 Twp. 33 S. R. 16 ☑ E ☐ W
(Q/Q/Q/Q)
4747 feet from ☐ N / ☑ S Line of Section
5111 feet from ☑ E / ☐ W Line of Section
County: Montgomery

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: 350 psi Injection Zone: PERU
Maximum Authorized Injection Rate: 200 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					
February					
March					
April					
May					
June					
July					
August	100	150			20
September	150	150			30
October	200	150			30
November	200	150			30
December					
TOTAL	650		0		

Submitted Electronically