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 # 7868
Name: Kizzar Well Servicing, Inc.
Address 1: 320 FRONTAGE ROAD
Address 2: PO BOX 346
City: CHASE State: KS Zip: 67524 + 0346
Contact Person: Doug Kizzar
Phone: (620) 938-2555
Lease Name: GOSSMAN
Well Number: 4

API No.: 15-159-05349-00-01
Permit No: E16994.1
Reporting Year: 2020
(January 1 to December 31)

____ - NE - NE - NE Sec. 8 Twp. 21 S. R. 7 ☐ E ☑ W
(Q/Q/Q/Q)
4980 feet from ☐ N / ☑ S Line of Section
456 feet from ☑ E / ☐ W Line of Section
County: Rice

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: MISSISSIPPIAN
Maximum Authorized Injection Rate: 150 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	1550	0	0		31
February	1400	0	0		28
March	1550	0	0		31
April	1500	0	0		30
May	1550	0	0		31
June	1500	0	0		30
July	1550	0	0		31
August	1550	0	0		31
September	1500	0	0		30
October	1550	0	0		31
November	1500	0	0		30
December	1550	0	0		31
TOTAL	18250		0		

Submitted Electronically