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 # 34888
Name: Patterson Energy LLC
Address 1: PO BOX 400
Address 2:
City: HAYS State: KS Zip: 67601 + 0400
Contact Person: Zach Patterson
Phone: (785) 259-3717
Lease Name: BUTCHER
Well Number: 3 SWD

API No.: 15-163-21545-00-01
Permit No: D28501.0
Reporting Year: 2021
(January 1 to December 31)

____ - SE - NW - NW Sec. 18 Twp. 9 S. R. 18 ☐ E ☑ W
(Q/Q/Q/Q)
3971 feet from ☐ N / ☑ S Line of Section
4202 feet from ☑ E / ☐ W Line of Section
County: Rooks

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: 0 psi Injection Zone: ARBUCKLE,GRANIT WASH
Maximum Authorized Injection Rate: 1500 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	9000	0	0	0	31
February	8130	0	0	0	28
March	9000	0	0	0	31
April	8700	0	0	0	30
May	9000	0	0	0	31
June	8700	0	0	0	30
July	9000	0	0	0	31
August	9000	0	0	0	31
September	8700	0	0	0	30
October	9000	0	0	0	31
November	8700	0	0	0	30
December	9000	0	0	0	31
TOTAL	105930		0		

Submitted Electronically