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 # 33324
Name: Allam Production, Inc.
Address 1: PO BOX 2325
Address 2:
City: HUTCHINSON State: KS Zip: 67504 + 2325
Contact Person: William Robert Allam
Phone: (620) 664-1874
Lease Name: C E MOUNT
Well Number: 3

API No.: 15-155-19032-00-01
Permit No: D00474.0
Reporting Year: 2021
(January 1 to December 31)

____ - NW - SW - NE Sec. 20 Twp. 24 S. R. 4 ☐ E ☑ W
(Q/Q/Q/Q)
3738 feet from ☐ N / ☑ S Line of Section
2456 feet from ☑ E / ☐ W Line of Section
County: Reno

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: REAGAN
Maximum Authorized Injection Rate: 8000 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	35000				31
February	20000				28
March	33000				31
April	34000				30
May	35000				31
June	35500				30
July	36000				31
August	35500				31
September	35000				30
October	36000				31
November	35000				30
December	35500				31
TOTAL	405500		0		

Submitted Electronically