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 # 5721
Name: Glacier Petroleum Co., Inc.
Address 1: 825 COMMERCIAL ST
Address 2: PO BOX 577
City: EMPORIA State: KS Zip: 66801 + 0577
Contact Person: J C Hawes
Phone: (620) 342-1148
Lease Name: GREEN A
Well Number: 4

API No.: 15-073-23024-00-00
Permit No: E22537.1
Reporting Year: 2021
(January 1 to December 31)

____ - S2 - NW - SE Sec. 2 Twp. 23 S. R. 9 ☑ E ☐ W
(Q/Q/Q/Q)
1650 feet from ☐ N / ☑ S Line of Section
1980 feet from ☑ E / ☐ W Line of Section
County: Greenwood

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: 650 psi Injection Zone: BARTLESVILLE
Maximum Authorized Injection Rate: 1000 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	20184	300	0		31
February	14351	300	0		28
March	13916	300	0		31
April	13823	300	0		30
May	15860	300	0		31
June	15123	300	0		30
July	14889	300	0		31
August	15803	300	0		31
September	15036	300	0		30
October	13653	300	0		31
November	14191	300	0		30
December	14232	300	0		31
TOTAL	181061		0		

Submitted Electronically