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: OLSEN
Well Number: 6

API No.: 15-197-20247-00-00
Permit No: E24347.2
Reporting Year: 2021
(January 1 to December 31)

____ - NW - NW - SE Sec. 20 Twp. 14 S. R. 10 ☑ E ☐ W
(Q/Q/Q/Q)
2306 feet from ☐ N / ☑ S Line of Section
2391 feet from ☑ E / ☐ W Line of Section
County: Wabaunsee

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: 300 psi Injection Zone: SIMPSON
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	10	10	0		1
February	10	10	0		1
March	10	10	0		1
April	10	10	0		1
May	10	10	0		1
June	2055	10	0		30
July	2124	10	0		30
August	2124	10	0		31
September	2057	10	0		30
October	2124	0	0		31
November	1987	10	0		29
December	2765	10	0		31
TOTAL	15286		0		

Submitted Electronically