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 # 31983
Name: Nichols Fluid Service, Inc.
Address 1: 316 INDUSTRIAL PARK AVE
Address 2:
City: LIBERAL State: KS Zip: 67901 + 5104
Contact Person: Jim McGill
Phone: (620) 624-5582
Lease Name: MORLEN
Well Number: 1-16

API No.: 15-175-20571-00-03
Permit No: D25529.0
Reporting Year: 2021
(January 1 to December 31)

____ - N2 - NE - SE Sec. 16 Twp. 34 S. R. 32 ☐ E ☑ W
(Q/Q/Q/Q)
2342 feet from ☐ N / ☑ S Line of Section
643 feet from ☑ E / ☐ W Line of Section
County: Seward

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: ST GENEVIEVE,ST LOUIS
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	2331	0	0		31
February	1773	0	0		28
March	2958	0	0		31
April	1423	0	0		30
May	1403	0	0		31
June	654	0	0		30
July	1796	0	0		31
August	589	0	0		31
September	877	0	0		30
October	572	0	0		31
November	853	0	0		30
December	295	0	0		31
TOTAL	15524		0		

Submitted Electronically