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 # 32555
Name: Hazen, Ty Anthony
Address 1: 704 S ST John
Address 2:
City: LYONS State: KS Zip: 67554 + 3229
Contact Person: ty hazen
Phone: (620) 200-1015
Lease Name: MADDEN A
Well Number: 1

API No.: 15-159-21485-00-01
Permit No: D23097.0
Reporting Year: 2021
(January 1 to December 31)

____ - SW - NW - NW Sec. 22 Twp. 20 S. R. 10 ☐ E ☑ W
(Q/Q/Q/Q)
4308 feet from ☐ N / ☑ S Line of Section
5015 feet from ☑ E / ☐ W Line of Section
County: Rice

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
Maximum Authorized Injection Rate: 15000 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	37200	35	0	0	31
February	36000	35	0	0	29
March	37000	35	0	0	31
April	35000	35	0	0	30
May	36000	35	0	0	31
June	36000	35	0	0	30
July	37000	35	0	0	31
August	37000	35	0	0	31
September	35000	35	0	0	30
October	36000	35	0	0	31
November	36000	35	0	0	30
December	37200	35	0	0	31
TOTAL	435400		0		

Submitted Electronically