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 # 33930
Name: Super Oilwell Service
Address 1: po box 529
Address 2:
City: RUSSELL State: KS Zip: 67665 + 0529
Contact Person: jason schoenberger
Phone: (785) 324-2169
Lease Name: KRAUS H
Well Number: 5

API No.: 15-051-19156-00-01
Permit No: D22093.0
Reporting Year: 2021
(January 1 to December 31)

____ - SE - SW - NW Sec. 22 Twp. 14 S. R. 19 ☐ E ☑ W
(Q/Q/Q/Q)
3063 feet from ☐ N / ☑ S Line of Section
4404 feet from ☑ E / ☐ W Line of Section
County: Ellis

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: CEDAR HILLS
Maximum Authorized Injection Rate: 1500 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	2480				31
February	2240				28
March	2480				31
April	2400				30
May	2480				31
June	2400				30
July	2480				31
August	2480				31
September	2400				30
October	2480				31
November	2400				30
December	2480				31
TOTAL	29200		0		

Submitted Electronically