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 # 34405
Name: E & B Natural Resources Management Corp.
Address 1: 2501 280TH AVE
Address 2:
City: HAYS State: KS Zip: 67601 + 9598
Contact Person: kevin renk
Phone: ( 785 ) 259-7271
Lease Name: UMBARGER
Well Number: W 1

API No.: 15-205-20172-00-02
Permit No: D12710.0
Reporting Year: 2021
*(January 1 to December 31)*

____ - SW - NW - SW Sec. 36 Twp. 28 S. R. 16 ☑ E ☐ W
*(Q/Q/Q/Q)*
1568 feet from ☐ N / ☑ S Line of Section
5070 feet from ☑ E / ☐ W Line of Section
County: Wilson

**I. Injection Fluid:**

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☑ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: 0 mg/l Specific Gravity: 0 Additives: 0
*(Attach water analysis, if available)*

**II. Well Data:**

Maximum Authorized Injection Pressure: 500 psi Injection Zone: Squirrel
Maximum Authorized Injection Rate: 200 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 | 1 | 50 | 0 | 0 | 1 |
| February | 1 | 50 | 0 | 0 | 1 |
| March | 3 | 50 | 0 | 0 | 3 |
| April | 4 | 50 | 0 | 0 | 4 |
| May | 4 | 50 | 0 | 0 | 4 |
| June | 4 | 50 | 0 | 0 | 4 |
| July | 4 | 50 | 0 | 0 | 4 |
| August | 4 | 50 | 0 | 0 | 4 |
| September | 5 | 50 | 0 | 0 | 5 |
| October | 4 | 50 | 0 | 0 | 4 |
| November | 2 | 50 | 0 | 0 | 2 |
| December | 2 | 50 | 0 | 0 | 2 |
| ***TOTAL*** | 38 | | 0 | | |

Submitted Electronically