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 # 30717
Name: Downing-Nelson Oil Co Inc
Address 1: PO BOX 1019
Address 2:
City: HAYS State: KS Zip: 67601 + 1019
Contact Person: Michele Meier
Phone: ( 785 ) 621-2610
Lease Name: NICKELSON FARMS "B"
Well Number: 1-23

API No.: 15-065-23802-00-01
Permit No: E32571.1
Reporting Year: 2021
*(January 1 to December 31)*

NE - NE - SW - SW Sec. 23 Twp. 9 S. R. 24 ☐ E ☑ W
*(Q/Q/Q/Q)*
1129 feet from ☐ N / ☑ S Line of Section
4265 feet from ☑ E / ☐ W Line of Section
County: Graham

**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: None
*(Attach water analysis, if available)*

**II. Well Data:**

Maximum Authorized Injection Pressure: 1000 psi Injection Zone: LKC
Maximum Authorized Injection Rate: 500 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 | 4185 | 0 | 0 | 0 | 31 |
| February | 4300 | 0 | 0 | 0 | 28 |
| March | 8835 | 0 | 0 | 0 | 31 |
| April | 8550 | 0 | 0 | 0 | 30 |
| May | 8835 | 0 | 0 | 0 | 31 |
| June | 8550 | 0 | 0 | 0 | 30 |
| July | 8835 | 0 | 0 | 0 | 31 |
| August | 8835 | 0 | 0 | 0 | 31 |
| September | 8550 | 0 | 0 | 0 | 30 |
| October | 8835 | 0 | 0 | 0 | 31 |
| November | 8550 | 0 | 0 | 0 | 30 |
| December | 8835 | 0 | 0 | 0 | 31 |
| ***TOTAL*** | 95695 | | 0 | | |

Submitted Electronically