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 # 8210
Name: Birk, Linda
Address 1: 302 S 16TH ST
Address 2:
City: BURLINGTON State: KS Zip: 66839 + 2329
Contact Person: Linda Birk
Phone: (620) 364-1311
Lease Name: SHEPHARD
Well Number: I 5

API No.: 15-207-25982-00-00
Permit No: E26472.5
Reporting Year: 2021
(January 1 to December 31)

____ - SE - NE - SE Sec. 28 Twp. 23 S. R. 16 ☑ E ☐ W
(Q/Q/Q/Q)
1668 feet from ☐ N / ☑ S Line of Section
320 feet from ☑ E / ☐ W Line of Section
County: Woodson

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: 450 psi Injection Zone: SQUIRREL SAND
Maximum Authorized Injection Rate: 35 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 18 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	185	400			31
February	75	400			15
March	185	400			31
April	180	400			30
May	185	400			31
June	180	400			30
July	185	400			31
August	185	400			31
September	180	400			30
October	185	400			31
November	180	400			30
December	185	400			31
TOTAL	2090		0		

Submitted Electronically