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 # 3882
Name: Samuel Gary Jr. & Associates, Inc.
Address 1: 1515 WYNKOOP, STE 700
Address 2:
City: DENVER State: CO Zip: 80202 + 2062
Contact Person: STEPHANIE DECKER
Phone: (303) 831-4673
Lease Name: EDNA COLLINGWOOD
Well Number: 4

API No.: 15-119-10090-00-02
Permit No: E30429.2
Reporting Year: 2021
(January 1 to December 31)

____ - ____ - SE - NW Sec. 1 Twp. 33 S. R. 30 ☐ E ☑ W
(Q/Q/Q/Q)
3278 feet from ☐ N / ☑ S Line of Section
3329 feet from ☑ E / ☐ W Line of Section
County: Meade

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: 1500 psi Injection Zone: MORROW
Maximum Authorized Injection Rate: 2000 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					
February					
March					
April					
May	0				0
June	0				0
July	13604	550			23
August	71216	450			25
September	13364				30
October	16250				31
November	16162	400			24
December	19843	425			28
TOTAL	150439		0		

Submitted Electronically