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: WEST
Well Number: 10

API No.: 15-031-23150-00-00
Permit No: E31168.3
Reporting Year: 2021
*(January 1 to December 31)*

____ - SE - SW - SW Sec. 28 Twp. 22 S. R. 17 ☑ E ☐ W
*(Q/Q/Q/Q)*
479 feet from ☐ N / ☑ S Line of Section
4127 feet from ☑ E / ☐ W Line of Section
County: Coffey

**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: 500 psi Injection Zone: SQUIRREL SAND
Maximum Authorized Injection Rate: 60 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 22 *(Include TA's)*

**III.**

| Month: | Total Fluid Injected BBL | Maximum Fluid Pressure | Total Gas Injected MCF | Maximum Gas Pressure | # Days of Injection |
|---|---|---|---|---|---|
| January | 210 | 300 | | | 31 |
| February | 75 | 300 | | | 15 |
| March | 210 | 300 | | | 31 |
| April | 200 | 300 | | | 30 |
| May | 210 | 300 | | | 31 |
| June | 200 | 300 | | | 30 |
| July | 210 | 300 | | | 31 |
| August | 210 | 300 | | | 31 |
| September | 200 | 300 | | | 30 |
| October | 210 | 300 | | | 31 |
| November | 200 | 300 | | | 30 |
| December | 210 | 300 | | | 30 |
| ***TOTAL*** | 2345 | | 0 | | |

Submitted Electronically