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 # 35075
Name: Kansas Renewable Resources, LLC
Address 1: P.O.Box 1741
Address 2:
City: GREAT BEND State: KS Zip: 67530 + 1741
Contact Person: Larry or Debra Dolechek
Phone: (785) 658-3528
Lease Name: SIEFERS D
Well Number: 2

API No.: 15-167-23025-00-00
Permit No: D32367.0
Reporting Year: 2021
(January 1 to December 31)

____ - NE - NW - NE Sec. 15 Twp. 15 S. R. 11 ☐ E ☑ W
(Q/Q/Q/Q)
4976 feet from ☐ N / ☑ S Line of Section
1752 feet from ☑ E / ☐ W Line of Section
County: Russell

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: 0 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 2500 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	310				31
February	280				28
March	310				31
April	300				30
May	310				31
June	300				30
July	310				31
August	310				31
September	300				30
October	310				31
November	300				30
December	310				31
TOTAL	3650		0		

Submitted Electronically