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: OESER
Well Number: 2

API No.: 15-167-21089-00-00
Permit No: D19565.0
Reporting Year: 2021
(January 1 to December 31)

____ - SW - NE - NW Sec. 35 Twp. 15 S. R. 11 ☐ E ☑ W
(Q/Q/Q/Q)
4335 feet from ☐ N / ☑ S Line of Section
3683 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: 300 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 1000 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	4650		0		31
February	4200		0		28
March	4650		0		31
April	4500		0		30
May	4650		0		31
June	4500		0		30
July	4650		0		31
August	4650		0		31
September	4500		0		30
October	4650		0		31
November	4500		0		30
December	4650		0		31
TOTAL	54750		0		

Submitted Electronically