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 # 34059
Name: Hurricane Services, Inc.
Address 1: 250 N WATER ST STE 200
Address 2:
City: WICHITA State: KS Zip: 67202 + 1215
Contact Person: Tonya Urban
Phone: (316) 303-9515
Lease Name: CONSOLIDATED
Well Number: SWD 1

API No.: 15-133-26314-00-00
Permit No: D28615.0
Reporting Year: 2021
(January 1 to December 31)

____ - NE - SE - NW Sec. 30 Twp. 29 S. R. 18 ☑ E ☐ W
(Q/Q/Q/Q)
3462 feet from ☐ N / ☑ S Line of Section
3185 feet from ☑ E / ☐ W Line of Section
County: Neosho

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	90				1
February	90				1
March	90				1
April	90				1
May	90				1
June	90				1
July	90				1
August	90				1
September	90				1
October	90				1
November	90				1
December	90				1
TOTAL	1080		0		

Submitted Electronically