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 # 32198
Name: PetroSantander (USA) Inc.
Address 1: 675 BERING DRIVE STE 350
Address 2:
City: HOUSTON State: TX Zip: 77057 + 2268
Contact Person: Liliana Hernandez
Phone: (713) 784-8700
Lease Name: SHERMAN
Well Number: 3-1

API No.: 15-055-20702-00-01
Permit No: E27138.5
Reporting Year: 2021
(January 1 to December 31)

____ - E2 - SE - SE Sec. 3 Twp. 23 S. R. 31 ☐ E ☑ W
(Q/Q/Q/Q)
666 feet from ☐ N / ☑ S Line of Section
308 feet from ☑ E / ☐ W Line of Section
County: Finney

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: 2000 psi Injection Zone: Morrow

Maximum Authorized Injection Rate: 4000 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	0	0	0	0	0
February	0	0	0	0	0
March	0	0	0	0	0
April	0	0	0	0	0
May	0	0	0	0	0
June	0	0	0	0	0
July	0	0	0	0	0
August	0	0	0	0	0
September	0	0	0	0	0
October	0	0	0	0	0
November	0	0	0	0	0
December	0	0	0	0	0
TOTAL	0		0		

Submitted Electronically