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 # 6279
Name: Patrick Development Corporation
Address 1: 3408 W 93RD ST
Address 2:
City: LEAWOOD State: KS Zip: 66206 + 2005
Contact Person: kerry patrick
Phone: (913) 375-8368
Lease Name: GRANDON
Well Number: WW-1

API No.: 15-121-29292-00-00
Permit No: E15557.4
Reporting Year: 2021
(January 1 to December 31)

____ - SW - SW - SW Sec. 9 Twp. 17 S. R. 22 ☑ E ☐ W
(Q/Q/Q/Q)
324 feet from ☐ N / ☑ S Line of Section
5019 feet from ☑ E / ☐ W Line of Section
County: Miami

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: 600 psi Injection Zone: SQUIRREL SAND
Maximum Authorized Injection Rate: 30 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	100	250			20
February	100				20
March	100				20
April	100				20
May	150				20
June	150				20
July	150				20
August	150				20
September	150				20
October	150				20
November	100				20
December	100				20
TOTAL	1500		0		

Submitted Electronically