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 # 3493
Name: Fisher, Sheila R.
Address 1: 110 N EXCHANGE ST
Address 2:
City: Saint John State: KS Zip: 67576 + 1919
Contact Person: Sheila Fisher
Phone: (620) 388-5022
Lease Name: CURTIS
Well Number: 1

API No.: 15-185-22056-00-01
Permit No: E25324.1
Reporting Year: 2021
(January 1 to December 31)

____ - NE - NE - SW Sec. 36 Twp. 24 S. R. 14 ☐ E ☑ W
(Q/Q/Q/Q)
2282 feet from ☐ N / ☑ S Line of Section
3007 feet from ☑ E / ☐ W Line of Section
County: Stafford

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: MISSISSIPPIAN
Maximum Authorized Injection Rate: 500 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	1390	0	0		31
February	1300	0	0		28
March	1285	0	0		31
April	1220	0	0		30
May	1250	0	0		31
June	1230	0	0		30
July	1260	0	0		31
August	1250	0	0		31
September	1020	0	0		30
October	1115	0	0		31
November	975	0	0		30
December	945		0		31
TOTAL	14240		0		

Submitted Electronically