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 # 3134
Name: Morris, Terry E. dba G L M Company
Address 1: PO BOX 193
Address 2:
City: RUSSELL State: KS Zip: 67665 + 0193
Contact Person: Matthew Morris
Phone: (785) 483-1307
Lease Name: AMBROSIER SWD
Well Number: 4

API No.: 15-065-23067-00-01
Permit No: D32931.0
Reporting Year: 2021
(January 1 to December 31)

E2 - NW - NW - NE Sec. 19 Twp. 8 S. R. 22 ☐ E ☑ W
(Q/Q/Q/Q)
330 feet from ☑ N / ☐ S Line of Section
2230 feet from ☑ E / ☐ W Line of Section
County: Graham

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: cedar hill
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	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	1725	0	0	0	15
July	3565	0	0	0	31
August	3565	0	0	0	31
September	3450	0	0	0	30
October	3565	0	0	0	31
November	3450	0	0	0	30
December	3565	0	0	0	31
TOTAL	22885		0		

Submitted Electronically