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 # 3682
Name: Connell, Mark Allen
Address 1: 606 W ALBRO ST
Address 2:
City: CLAFLIN State: KS Zip: 67525 + 9234
Contact Person: Mark Connell
Phone: (620) 786-1228
Lease Name: E B HALL A
Well Number: 3

API No.: 15-185-20218-00-00
Permit No: D15769.0
Reporting Year: 2021
(January 1 to December 31)

____ - NW - SW - NE Sec. 12 Twp. 21 S. R. 12 ☐ E ☑ W
(Q/Q/Q/Q)
3752 feet from ☐ N / ☑ S Line of Section
2277 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: 750 psi Injection Zone: LANSING-KANSAS CITY
Maximum Authorized Injection Rate: 1000 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	11711	0			31
February	10668	0			28
March	11711	0			31
April	11430	0			30
May	11711	0			31
June	11430	0			30
July	11711	0			31
August	11711	0			31
September	11430	0			30
October	11711	0			31
November	11430	0			30
December	117	0			31
TOTAL	126771		0		

Submitted Electronically