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 # 6329
Name: Bright, Wayne E.
Address 1: 3166 CR 4000
Address 2:
City: INDEPENDENCE State: KS Zip: 67301 + 8564
Contact Person: Wayne Bright
Phone: (620) 330-2891
Lease Name: JOHNSON
Well Number: 1

API No.: 15-125-20083-00-01
Permit No: D28196.0
Reporting Year: 2021
(January 1 to December 31)

____ - SE - NE - SW Sec. 33 Twp. 32 S. R. 14 ☑ E ☐ W
(Q/Q/Q/Q)
1737 feet from ☐ N / ☑ S Line of Section
2892 feet from ☑ E / ☐ W Line of Section
County: Montgomery

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: 400 psi Injection Zone: MISSISSIPPIAN
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	400	275	0	0	31
February	364	275	0	0	28
March	400	275	0	0	31
April	390	275	0	0	30
May	400	275	0	0	31
June	390	275	0	0	30
July	400	275	0	0	31
August	400	275	0	0	31
September	390	275	0	0	30
October	400	275	0	0	31
November	390	275	0	0	30
December	400	275	0	0	31
TOTAL	4724		0		

Submitted Electronically