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 # 33543
Name: Morrison, Mark L.
Address 1: 1651 50TH RD
Address 2:
City: YATES CENTER State: KS Zip: 66783 + 5141
Contact Person: MARK L MORRISON
Phone: (620) 496-7674
Lease Name: KIMBERLIN
Well Number: KI-23

API No.: 15-205-28275-00-00
Permit No: E31457.6
Reporting Year: 2021
(January 1 to December 31)

____ - NE - SE - SW Sec. 3 Twp. 27 S. R. 16 ☑ E ☐ W
(Q/Q/Q/Q)
1252 feet from ☐ N / ☑ S Line of Section
3122 feet from ☑ E / ☐ W Line of Section
County: Wilson

I. Injection Fluid:

Type *(Pick one)*: ☐ Fresh Water ☑ Treated Brine ☐ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: N/A mg/l Specific Gravity: N/A Additives: N/A
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 450 psi Injection Zone: Cattleman
Maximum Authorized Injection Rate: 200 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	372	375	0	0	31
February	345	375	0	0	28
March	375	375	0	0	31
April	365	375	0	0	30
May	360	375	0	0	30
June	372	375	0	0	30
July	375	375	0	0	31
August	368	375	0	0	31
September	370	375	0	0	30
October	355	375	0	0	31
November	360	375	0	0	30
December	365	375	0	0	31
TOTAL	4382		0		

Submitted Electronically