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 # 32916
Name: Premiere Corporation
Address 1: 201 W. HARVEY
Address 2: PO BOX 529
City: WELLINGTON State: KS Zip: 67152 + 0529
Contact Person: J.C. LONG
Phone: (620) 326-7471
Lease Name: CLARKE G
Well Number: 2

API No.: 15-007-20858-00-01
Permit No: E24226.2
Reporting Year: 2022
(January 1 to December 31)

____ - ____ - NE - NE Sec. 8 Twp. 32 S. R. 12 ☐ E ☑ W
(Q/Q/Q/Q)
4603 feet from ☐ N / ☑ S Line of Section
671 feet from ☑ E / ☐ W Line of Section
County: Barber

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: 1000 psi Injection Zone: ELGIN
Maximum Authorized Injection Rate: 2000 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	10200				31
February	9700				28
March	9670				31
April	11440				30
May	8330				31
June	9650				30
July	11690				31
August	9500				31
September	7360				30
October	7190				31
November	6270				30
December	521				31
TOTAL	101521		0		

Submitted Electronically