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 # 35117
Name: Poverty Knob Production, LLC
Address 1: 39395 W 351ST ST.
Address 2:
City: OSAWATOMIE State: KS Zip: 66064 + 4214
Contact Person: RANDY OR MISTY KITCHEN
Phone: ( 913 ) 731-8367
Lease Name: CARTWRIGHT
Well Number: KRI-17

API No.: 15-121-30806-00-00
Permit No: E32185.5
Reporting Year: 2022
*(January 1 to December 31)*

____ - SE - NE - NE Sec. 23 Twp. 18 S. R. 21 ☑ E ☐ W
*(Q/Q/Q/Q)*
4009 feet from ☐ N / ☑ S Line of Section
502 feet from ☑ E / ☐ W Line of Section
County: Miami

**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: 450 psi Injection Zone: SQUIRREL SAND
Maximum Authorized Injection Rate: 100 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 |
| February | 0 | 0 | | | 0 |
| March | 150 | 0 | | | 31 |
| April | 110 | 0 | | | 30 |
| May | 125 | 0 | | | 31 |
| June | 145 | 0 | | | 30 |
| July | 115 | 0 | | | 31 |
| August | 125 | 0 | | | 31 |
| September | 105 | 0 | | | 30 |
| October | 130 | 0 | | | 31 |
| November | 145 | 0 | | | 30 |
| December | 0 | 0 | | | 0 |
| ***TOTAL*** | 1150 | | 0 | | |

Submitted Electronically