

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 # _____
Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____ + _____
Contact Person: _____
Phone: (_____) _____
Lease Name: _____
Well Number: _____

API No.: _____
Permit No: _____
Reporting Year: _____
(January 1 to December 31)
____ - ____ - ____ - ____ Sec. ____ Twp. ____ S. R. ____ ☐ E ☐ W
(a/a/a/a)
_____ feet from ☐ N / ☐ S Line of Section
_____ feet from ☐ E / ☐ W Line of Section
County: _____

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: _____ psi Injection Zone: _____
Maximum Authorized Injection Rate: _____ 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	_____	_____	_____	_____	_____
	February	_____	_____	_____	_____	_____
	March	_____	_____	_____	_____	_____
	April	_____	_____	_____	_____	_____
	May	_____	_____	_____	_____	_____
	June	_____	_____	_____	_____	_____
	July	_____	_____	_____	_____	_____
	August	_____	_____	_____	_____	_____
	September	_____	_____	_____	_____	_____
	October	_____	_____	_____	_____	_____
	November	_____	_____	_____	_____	_____
	December	_____	_____	_____	_____	_____
	TOTAL	_____	_____	_____	_____	_____

Submitted Electronically

KOLAR

☐ Required
 ☐ Questionable
 ☐ Invalid

[View Location Info](#)
[Save and Exit](#)

Form U3C

Kansas Corporation Commission
 Oil & Gas Conservation Division
**ANNUAL REPORT OF PRESSURE MONITORING,
 FLUID INJECTION AND ENHANCED RECOVERY**

Operator

License #: 35693
 Name: Helsel, Allan J
 Address Line 1: 1817 S HOOVER RD
 Address Line 2:
 City: SOUTH HAVEN
 State: KS
 Zip + 4: 67140 9004
 Contact person: Allan Helsel
 Contact phone: 620 892-5869
 Lease Name: YEAROUT
 Well #: 1

API: 15-191-21531-00-01
 Permit Number: D31483.0
 Reporting Year: 2022
 (January 1 to December 31)
 Section: 2 Township: 35 S Range: 1 W
 2160 feet from N / S Line of Section
 330 feet from E / W Line of Section
 Quarter Calls: N2 SW SW NW
 County: Sumner

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:
 Water Analysis Available? ☐ Yes ☒ No

II. Well Data:

Maximum Authorized Injection Pressure: 300 psi Injection Zone: ARBUCKLE
 Maximum Authorized Injection Rate: 12000 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
Jan	0	0	0	0	0
Feb	100	-15	0	0	23
Mar	100	-15	0	0	26
Apr	100	-15	0	0	27
May	100	-15	0	0	25
Jun	100	-15	0	0	28
Jul	100	-15	0	0	28
Aug	300	-15	0	0	28
Sep	300	-15	0	0	30

Month	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
Oct	300	0.15	0	0	31
Nov	300	0.15	0	0	30
Dec	300	-0.5	0	0	31
Save and Exit	0		0		

For any filing made by the operator or on behalf of the operator, the operator on whose behalf the filing was made is responsible for compliance with all Commission rules and regulations relating to the filing and any permit issued by the Commission.