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 # 34059
Name: Hurricane Services, Inc.
Address 1: 250 N WATER ST STE 200
Address 2:
City: WICHITA State: KS Zip: 67202 + 1215
Contact Person: Tonya Urban
Phone: (316) 219-2491
Lease Name: BOXBERGER A
Well Number: 10-D

API No.: 15-167-22626-00-00
Permit No: D24137.0
Reporting Year: 2022
(January 1 to December 31)

____ - NW - SE - NW Sec. 32 Twp. 13 S. R. 14 ☐ E ☑ W
(Q/Q/Q/Q)
3657 feet from ☐ N / ☑ S Line of Section
3734 feet from ☑ E / ☐ W Line of Section
County: Russell

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: 0 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 15000 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	5258				31
February	5080				28
March	5271				31
April	5416				30
May	5263				31
June	5256				30
July	5263				31
August	5343				30
September	5096				30
October	5263				31
November	5096				30
December	5263				31
TOTAL	62868		0		

Submitted Electronically