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 # 34888
Name: Patterson Energy LLC
Address 1: PO BOX 400
Address 2:
City: HAYS State: KS Zip: 67601 + 0400
Contact Person: Zach Patterson
Phone: ( 785 ) 259-3717
Lease Name: RAY B
Well Number: 1-W

API No.: 15-147-20169-00-00
Permit No: D17290.0
Reporting Year: 2022
*(January 1 to December 31)*

____ - SW - NE - NW Sec. 32 Twp. 5 S. R. 20 ☐ E ☑ W
*(Q/Q/Q/Q)*
4478 feet from ☐ N / ☑ S Line of Section
3958 feet from ☑ E / ☐ W Line of Section
County: Phillips

**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: 50 psi Injection Zone: HARPER,CEDAR HILLS,SALT PLAIN,PERMIAN
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 | 0 | | | | |
| February | 0 | | | | |
| March | 0 | | | | |
| April | 0 | | | | |
| May | 0 | | | | |
| June | 0 | | | | |
| July | 0 | | | | |
| August | 0 | | | | |
| September | 0 | | | | |
| October | 0 | | | | |
| November | 0 | | | | |
| December | 0 | | | | |
| ***TOTAL*** | 0 | | 0 | | |

Submitted Electronically