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: 5816 CR 3300
Address 2: _____
City: Independence State: KS Zip: 67301 + __ __ __ __
Contact Person: Dale Springer
Phone: (620) 331-4036
Lease Name: WOODS
Well Number: 4

API No.: 15-125-24268-00-00
Permit No: D24845.0
Reporting Year: 2022
(January 1 to December 31)

____ - SE - SE - SW Sec. 14 Twp. 31 S. R. 15 ☑ E ☐ W
(Q/Q/Q/Q)
179 feet from ☐ N / ☑ S Line of Section
2822 feet from ☑ E / ☐ W Line of Section
County: Montgomery

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: 180 psi Injection Zone: MISSISSIPPIAN
Maximum Authorized Injection Rate: 80 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	275	30	0	0	8
February	250	30	0	0	8
March	150	30	0	0	5
April	150	30	0	0	5
May	100	30	0	0	4
June	75	30	0	0	3
July	75	30	0	0	3
August	75	30	0	0	3
September	100	30	0	0	4
October	150	30	0	0	5
November	170	30	0	0	6
December	250	30	0	0	8
TOTAL	1820		0		

Submitted Electronically