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 # 9855
Name: Grand Mesa Operating Company
Address 1: 1700 N WATERFRONT PKWY BLDG 600
Address 2:
City: WICHITA State: KS Zip: 67206 + 5514
Contact Person: Ron Fowler
Phone: (316) 265-3000
Lease Name: RILEY 36
Well Number: 1

API No.: 15-101-21986-00-01
Permit No: D34258.0
Reporting Year: 2022
(January 1 to December 31)

____ - E2 - SE - SW Sec. 36 Twp. 17 S. R. 29 ☐ E ☑ W
(Q/Q/Q/Q)
666 feet from ☐ N / ☑ S Line of Section
2216 feet from ☐ E / ☑ W Line of Section
County: Lane

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: CEDAR HILLS
Maximum Authorized Injection Rate: 500 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	0	0
February	0	0	0	0	0
March	0	0	0	0	0
April	0	0	0	0	0
May	0	0	0	0	0
June	0	0	0	0	0
July	0	0	0	0	0
August	0	0	0	0	0
September	0	0	0	0	0
October	1215	0	0	0	31
November	4515	0	0	0	30
December	2318	0	0	0	31
TOTAL	8048		0		

Submitted Electronically