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 # 35051
Name: Sotta, Donald E.
Address 1: 12577 NW WEIR RD
Address 2:
City: MCCUNE State: KS Zip: 66753 + 9668
Contact Person: Brenda Sotta
Phone: (620) 249-8409
Lease Name: AMERSHEK II
Well Number: INJ 3 BA

API No.: 15-037-22159-00-00
Permit No: E31013.3
Reporting Year: 2022
(January 1 to December 31)

____ - SE - NE - NW Sec. 19 Twp. 30 S. R. 22 ☑ E ☐ W
(Q/Q/Q/Q)
4367 feet from ☐ N / ☑ S Line of Section
2923 feet from ☑ E / ☐ W Line of Section
County: Crawford

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: 200 psi Injection Zone: BARTLESVILLE
Maximum Authorized Injection Rate: 50 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	300	150			31
April	300	150			30
May	300	150			31
June	300	150			30
July	300	150			31
August	300	150			31
September	300	150			30
October	300	150			31
November	100	150			14
December	0				
TOTAL	2500		0		

Submitted Electronically