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 # 34468
Name: Conner, Rick
Address 1: 502 E 6TH AVE.
Address 2: PO BOX 494
City: WINFIELD State: KS Zip: 67156 + 0494
Contact Person: Rick Conner
Phone: (620) 222-5150
Lease Name: BAALMANN/CREWS HEIRS
Well Number: 5

API No.: 15-019-19944-00-00
Permit No: D25191.0
Reporting Year: 2022
(January 1 to December 31)

NE - SW - SW - SW Sec. 8 Twp. 32 S. R. 12 ☑ E ☐ W
(Q/Q/Q/Q)
487 feet from ☐ N / ☑ S Line of Section
4613 feet from ☑ E / ☐ W Line of Section
County: Chautauqua

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: MISSISSIPPIAN
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