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 # 32970
Name: H-D Oilfield Service, Inc.
Address 1: PO BOX 87
Address 2:
City: BAZINE State: KS Zip: 67516 + 0087
Contact Person: Jeff Werth
Phone: (785) 798-7677
Lease Name: IMEL
Well Number: 1 SWD

API No.: 15-083-21780-00-00
Permit No: D31295.0
Reporting Year: 2023
(January 1 to December 31)

NW - NE - NE - NE Sec. 31 Twp. 23 S. R. 22 ☐ E ☑ W
(Q/Q/Q/Q)
5092 feet from ☐ N / ☑ S Line of Section
640 feet from ☑ E / ☐ W Line of Section
County: Hodgeman

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: 1500 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 40000 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	2720	0	0	0	31
February	2756	0	0	0	28
March	3600	0	0	0	31
April	2728	0	0	0	30
May	5270	0	0	0	31
June	3981	0	0	0	30
July	3265	0	0	0	31
August	4835	0	0	0	31
September	4800	0	0	0	30
October	5515	0	0	0	31
November	4644	0	0	0	30
December	3670	0	0	0	31
TOTAL	47784		0		

Submitted Electronically