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 # 6655
Name: Crawford, Garry F. dba Crawford Production Company
Address 1: 1790 JASON DR
Address 2:
City: EL DORADO State: KS Zip: 67042 + 0727
Contact Person: Brance Crawford
Phone: (316) 323-5513
Lease Name: BLUESTEM
Well Number: 5

API No.: 15-015-22183-00-01
Permit No: E23424.5
Reporting Year: 2023
(January 1 to December 31)

____ - SW - SE - NE Sec. 20 Twp. 24 S. R. 5 ☑ E ☐ W
(Q/Q/Q/Q)
2949 feet from ☐ N / ☑ S Line of Section
1010 feet from ☑ E / ☐ W Line of Section
County: Butler

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: 1000 psi Injection Zone: MISSISSIPPIAN
Maximum Authorized Injection Rate: 500 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 6 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	6708	180	0		31
February	6058	180	0		28
March	6708	180	0		31
April	6500	180	0		30
May	6708	180	0		31
June	6500	180	0		30
July	6708	180	0		31
August	6708	180	0		31
September	6500	180	0		30
October	6708	180	0		31
November	6500	180	0		30
December	6708	180	0		31
TOTAL	79014		0		

Submitted Electronically