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 # 33324
Name: Allam Production, Inc.
Address 1: PO BOX 2325
Address 2:
City: HUTCHINSON State: KS Zip: 67504 + 2325
Contact Person: W. R. Allam
Phone: (620) 664-1874
Lease Name: C E MOUNT
Well Number: 3

API No.: 15-155-19032-00-01
Permit No: D00474.0
Reporting Year: 2023
(January 1 to December 31)

____ - NW - SW - NE Sec. 20 Twp. 24 S. R. 4 ☐ E ☑ W
(Q/Q/Q/Q)
3738 feet from ☐ N / ☑ S Line of Section
2456 feet from ☑ E / ☐ W Line of Section
County: Reno

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: REAGAN
Maximum Authorized Injection Rate: 8000 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	36000	0			31
February	35000	0			28
March	15000	0			31
April	30000	0			30
May	36500	0			31
June	36000	0			30
July	36700	0			31
August	36400	0			31
September	36100	0			30
October	36700	0			31
November	35500	0			30
December	36000	0			31
TOTAL	405900		0		

Submitted Electronically