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 # 6306
Name: Tom Brown Construction, Inc.
Address 1: 54921 RIVERVIEW DR
Address 2:
City: ASTOR State: FL Zip: 32102 + 2419
Contact Person: marva walker
Phone: (785) 452-8468
Lease Name: REDETZKE
Well Number: 2

API No.: 15-167-20411-00-01
Permit No: D15758.0
Reporting Year: 2023
(January 1 to December 31)

____ - SW - NW - SW Sec. 14 Twp. 15 S. R. 13 ☐ E ☑ W
(Q/Q/Q/Q)
1628 feet from ☐ N / ☑ S Line of Section
4831 feet from ☑ E / ☐ W Line of Section
County: Russell

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: ARBUCKLE
Maximum Authorized Injection Rate: 1500 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	200				31
February	200				28
March	200				31
April	200				30
May	200				24
June	200				30
July	200				31
August	200				30
September	200				27
October	200				31
November	200				30
December	200				31
TOTAL	2400		0		

Submitted Electronically