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 # 32917
Name: Richardson and Son , Inc.
Address 1: 17295 151ST RD
Address 2:
City: WINFIELD State: KS Zip: 67156 + 7524
Contact Person: Bryan Richardson
Phone: (620) 229-8685
Lease Name: MOON
Well Number: 2

API No.: 15-035-20290-00-01
Permit No: D30902.0
Reporting Year: 2023
(January 1 to December 31)

____ - SE - NW - SE Sec. 26 Twp. 32 S. R. 5 ☑ E ☐ W
(Q/Q/Q/Q)
1650 feet from ☐ N / ☑ S Line of Section
1650 feet from ☑ E / ☐ W Line of Section
County: Cowley

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: 500 psi Injection Zone: STALNAKER
Maximum Authorized Injection Rate: 3000 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	1200	0	0	0	30
February	1200	0	0	0	28
March	1200	0	0	0	30
April	1200	0	0	0	30
May	1200	0	0	0	30
June	1200	0	0	0	30
July	1200	0	0	0	30
August	1200	0	0	0	30
September	1200	0	0	0	30
October	1200	0	0	0	30
November	1200	0	0	0	30
December	1200	0	0	0	30
TOTAL	14400		0		

Submitted Electronically