

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 # 3682
Name: Connell, Mark Allen
Address 1: 606 W ALBRO ST
Address 2: _____
City: CLAFILIN State: KS Zip: 67525 + 9234
Contact Person: Mark Connell
Phone: (620) 786-1228
Lease Name: WILLARD
Well Number: 1

API No.: 15-159-19251-00-01
Permit No: D02514.0
Reporting Year: 2023
(January 1 to December 31)
SE - NE - NE - SW Sec. 6 Twp. 19 S. R. 9 ☐ E ☒ W
(a/a/a/a)
2292 feet from ☐ N / ☒ S Line of Section
2967 feet from ☒ E / ☐ W Line of Section
County: Rice

I. Injection Fluid:

Type (Pick one): ☐ Fresh Water ☐ Treated Brine ☒ Untreated Brine ☐ Water/Brine
Source: ☒ Produced Water ☐ Other (Attach list)
Quality: Total Dissolved Solids: 18000 mg/l Specific Gravity: _____ Additives: _____
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 0 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 7300 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	<u>0</u>				<u>0</u>
	February	<u>0</u>				<u>0</u>
	March	<u>0</u>				<u>0</u>
	April	<u>0</u>				<u>0</u>
	May	<u>0</u>				<u>0</u>
	June	<u>0</u>				<u>0</u>
	July	<u>0</u>				<u>0</u>
	August	<u>0</u>				<u>0</u>
	September	<u>0</u>				<u>0</u>
	October	<u>11935</u>				<u>11</u>
	November	<u>32550</u>				<u>30</u>
	December	<u>33635</u>				<u>31</u>
	TOTAL	<u>78120</u>		<u>0</u>		

Submitted Electronically