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 # 36080
Name: CHC III Paola Energy, LLC
Address 1: 9800 METCALF AVE 5TH FLOOR
Address 2:
City: OVERLAND PARK State: KS Zip: 66212 + __ __ __ __
Contact Person: Victoria Davis
Phone: (913) 749-9124
Lease Name: REYNOLDS
Well Number: I-3

API No.: 15-121-28741-00-00
Permit No: E30448.3
Reporting Year: 2023
(January 1 to December 31)

____ - SW - NW - SE Sec. 5 Twp. 17 S. R. 22 ☑ E ☐ W
(Q/Q/Q/Q)
1693 feet from ☐ N / ☑ S Line of Section
2133 feet from ☑ E / ☐ W Line of Section
County: Miami

I. Injection Fluid:

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

II. Well Data:

Maximum Authorized Injection Pressure: 500 psi Injection Zone: Squirrel
Maximum Authorized Injection Rate: 50 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	620	400	0	0	31
February	560	400	0	0	28
March	620	400	0	0	31
April	600	400	0	0	30
May	620	400	0	0	31
June	600	400	0	0	30
July	620	400	0	0	31
August	620	400	0	0	31
September	600	400	0	0	30
October	620	400	0	0	31
November	600	400	0	0	30
December	620	400	0	0	31
TOTAL	7300		0		

Submitted Electronically