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 # 35669
Name: Harper Oil and Gas, LLC
Address 1: 802 LARIMER ST
Address 2:
City: PRATT State: KS Zip: 67124 + 1321
Contact Person: Dillon Ezell
Phone: ( 620 ) 3882309
Lease Name: FARK L
Well Number: 1 SWD

API No.: 15-097-20012-00-01
Permit No: D27924.0
Reporting Year: 2023
*(January 1 to December 31)*

SE - SW - NE - NW Sec. 1 Twp. 28 S. R. 18 ☐ E ☑ W
*(Q/Q/Q/Q)*
4109 feet from ☐ N / ☑ S Line of Section
3330 feet from ☑ E / ☐ W Line of Section
County: Kiowa

**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: WINFIELD,TOWANDA,FLORENCE LS,WREFORD
Maximum Authorized Injection Rate: 500 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 | 100 | 200 | 0 | 0 | 31 |
| February | 100 | 200 | 0 | 0 | 28 |
| March | 100 | 200 | 0 | 0 | 31 |
| April | 100 | 200 | 0 | 0 | 30 |
| May | 100 | 200 | 0 | 0 | 31 |
| June | 0 | 200 | 0 | 0 | 30 |
| July | 0 | 200 | 0 | 0 | 31 |
| August | 100 | 200 | 0 | 0 | 31 |
| September | 100 | 200 | 0 | 0 | 30 |
| October | 100 | 200 | 0 | 0 | 31 |
| November | 100 | 200 | 0 | 0 | 30 |
| December | 100 | 200 | 0 | 0 | 31 |
| ***TOTAL*** | 1000 | | 0 | | |

Submitted Electronically