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 # 8981
Name: Adeco, Inc.
Address 1: BOX 873
Address 2:
City: HAYS State: KS Zip: 67601 + 0873
Contact Person: Melissa Holub
Phone: (785) 625-6010
Lease Name: CHAMBERS B
Well Number: 2

API No.: 15-039-20300-00-01
Permit No: D18061.0
Reporting Year: 2023
(January 1 to December 31)

____ - NW - SE - NW Sec. 13 Twp. 1 S. R. 26 ☐ E ☑ W
(Q/Q/Q/Q)
3329 feet from ☐ N / ☑ S Line of Section
3311 feet from ☑ E / ☐ W Line of Section
County: Decatur

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: 650 psi Injection Zone: CEDAR HILLS
Maximum Authorized Injection Rate: 100 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	2596	0	0	0	31
February	2295	0	0	0	28
March	2596	0	0	0	31
April	2508	0	0	0	30
May	2548	0	0	0	31
June	2621	0	0	0	30
July	2387	0	0	0	31
August	2695	0	0	0	31
September	2876	0	0	0	30
October	2033	0	0	0	31
November	2564	0	0	0	30
December	2362	0	0	0	31
TOTAL	30081		0		

Submitted Electronically