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 # 9152
Name: Marexco, Inc.
Address 1: PO BOX 1147
Address 2:
City: Castle Rock State: CO Zip: 80104 + 1147
Contact Person: Stephen W. Marden
Phone: (405) 286-5657
Lease Name: SUTER
Well Number: 1 B

API No.: 15-063-20200-00-01
Permit No: D24713.0
Reporting Year: 2023
(January 1 to December 31)

____ - NW - SE - SE Sec. 20 Twp. 11 S. R. 31 ☐ E ☑ W
(Q/Q/Q/Q)
674 feet from ☐ N / ☑ S Line of Section
817 feet from ☑ E / ☐ W Line of Section
County: Gove

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: 0 psi Injection Zone: CEDAR HILLS
Maximum Authorized Injection Rate: 600 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	5859	0	0		31
February	2772	0	0		28
March	3069	0	0		31
April	2970	0	0		30
May	3069	0	0		31
June	4329	0	0		30
July	4418	0	0		31
August	5858	0	0		31
September	5670	0	0		30
October	3069	0	0		31
November	2970	0	0		30
December	3069	0	0		31
TOTAL	47122		0		

Submitted Electronically