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 # 8210
Name: Birk, Linda
Address 1: 302 S 16TH ST
Address 2:
City: BURLINGTON State: KS Zip: 66839 + 2329
Contact Person: Linda Birk
Phone: (620) 364-1311
Lease Name: BIRKBECK
Well Number: 3

API No.: 15-031-20563-00-01
Permit No: E25796.1
Reporting Year: 2023
(January 1 to December 31)

____ - NE - SW - SE Sec. 33 Twp. 21 S. R. 15 ☑ E ☐ W
(Q/Q/Q/Q)
990 feet from ☐ N / ☑ S Line of Section
1650 feet from ☑ E / ☐ W Line of Section
County: Coffey

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: 100 psi Injection Zone: SIMPSON
Maximum Authorized Injection Rate: 500 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	2	0			31
February	2	0			28
March	2	0			31
April	5	0			30
May	7	0			31
June	9	0			30
July	6	0			31
August	5	0			31
September	7	0			30
October	4	0			31
November	8	0			30
December	6	0			31
TOTAL	63		0		

Submitted Electronically