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 # 9855
Name: Grand Mesa Operating Company
Address 1: 1700 N WATERFRONT PKWY BLDG 600
Address 2:
City: WICHITA State: KS Zip: 67206 + 5514
Contact Person: Ron Fowler
Phone: (316) 265-3000
Lease Name: STIAWALT
Well Number: 3

API No.: 15-135-21501-00-01
Permit No: D19611.0
Reporting Year: 2023
(January 1 to December 31)

____ - ____ - SW - NW Sec. 20 Twp. 17 S. R. 24 ☐ E ☑ W
(Q/Q/Q/Q)
3287 feet from ☐ N / ☑ S Line of Section
4625 feet from ☑ E / ☐ W Line of Section
County: Ness

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: VIOLA
Maximum Authorized Injection Rate: 2400 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	41289	0	0	0	31
February	33772	0	0	0	28
March	37014	0	0	0	31
April	36454	0	0	0	30
May	35638	0	0	0	31
June	47380	0	0	0	30
July	52165	0	0	0	31
August	37208	0	0	0	31
September	30492	0	0	0	30
October	34140	0	0	0	31
November	33621	0	0	0	30
December	36204	0	0	0	31
TOTAL	455377		0		

Submitted Electronically