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 # 35666
Name: Steffen Resource Development, LLC
Address 1: 3500 N Mayfield Rd
Address 2:
City: HUTCHINSON State: KS Zip: 67502 + 9461
Contact Person: Mark Bradford Steffen
Phone: (620) 802-1188
Lease Name: CAROL
Well Number: 6-23

API No.: 15-095-00007-00-01
Permit No: D34311.0
Reporting Year: 2023
(January 1 to December 31)

____ - SW - SW - SE Sec. 17 Twp. 30 S. R. 7 ☐ E ☑ W
(Q/Q/Q/Q)
330 feet from ☐ N / ☑ S Line of Section
2310 feet from ☑ E / ☐ W Line of Section
County: Kingman

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: ARBUCKLE
Maximum Authorized Injection Rate: 2000 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					
February					
March					
April					
May	3296				15
June	1308				15
July	1316				15
August	5200				31
September	3924				30
October	3304				31
November	3900				30
December	3920				31
TOTAL	26168		0		

Submitted Electronically