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 # 30624
Name: Meyer, Theodore J.
Address 1: 761 N CHICASKIA RD
Address 2:
City: CONWAY SPRINGS State: KS Zip: 67031 + 8012
Contact Person: Theodore Meyer
Phone: (620) 456-2955
Lease Name: ERSKINE
Well Number: 3

API No.: 15-191-21878-00-01
Permit No: E24796.1
Reporting Year: 2023
(January 1 to December 31)

____ - N2 - NE - NE Sec. 6 Twp. 32 S. R. 1 ☐ E ☑ W
(Q/Q/Q/Q)
5056 feet from ☐ N / ☑ S Line of Section
795 feet from ☑ E / ☐ W Line of Section
County: Sumner

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: 200 psi Injection Zone: MISSISSIPPIAN
Maximum Authorized Injection Rate: 200 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	300	0	0	0	31
February	260	0	0	0	28
March	240	0	0	0	31
April	260	0	0	0	30
May	210	0	0	0	31
June	210	0	0	0	30
July	250	0	0	0	31
August	200	0	0	0	31
September	225	0	0	0	30
October	245	0	0	0	31
November	240	0	0	0	30
December	260	0	0	0	31
TOTAL	2900		0		

Submitted Electronically