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 # 35164
Name: Jim Snyder, Inc.
Address 1: PO BOX 109
Address 2:
City: HAMILTON State: KS Zip: 66853 + 0109
Contact Person: Linda Snyder
Phone: (620) 344-6283
Lease Name: THRALL
Well Number: 8 B

API No.: 15-073-22266-00-02
Permit No: E02226.4
Reporting Year: 2023
(January 1 to December 31)

____ - SW - SE - SE Sec. 29 Twp. 23 S. R. 10 ☑ E ☐ W
(Q/Q/Q/Q)
32 feet from ☐ N / ☑ S Line of Section
1059 feet from ☑ E / ☐ W Line of Section
County: Greenwood

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: 500 psi Injection Zone: Bartlesville
Maximum Authorized Injection Rate: 1000 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	0	0	0	0	0
February	0	0	0	0	0
March	0	0	0	0	0
April	300	300	0	0	3
May	1450	300	0	0	8
June	0	0	0	0	0
July	0	0	0	0	0
August	400	300	0	0	2
September	1500	300	0	0	9
October	900	300	0	0	8
November	0	0	0	0	0
December	200	300	0	0	4
TOTAL	4750		0		

Submitted Electronically