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 # 6030
Name: Ainsworth Operating Co.
Address 1: 4676 COMMERCIAL ST. SE, STE #412
Address 2:
City: SALEM State: OR Zip: 97302 + 1902
Contact Person: Al Ainsworth
Phone: (503) 8814357
Lease Name: HAMMEKE
Well Number: 3

API No.: 15-185-22666-00-00
Permit No: D25987.0
Reporting Year: 2023
(January 1 to December 31)

____ - SE - SW - SE Sec. 7 Twp. 22 S. R. 11 ☐ E ☑ W
(Q/Q/Q/Q)
436 feet from ☐ N / ☑ S Line of Section
1572 feet from ☑ E / ☐ W Line of Section
County: Stafford

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: 10000 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	2265				31
February	1986				28
March	2110				31
April	2014				30
May	2255				31
June	2187				30
July	2301				31
August	2298				31
September	2264				30
October	2485				31
November	2074				30
December	2340				31
TOTAL	26579		0		

Submitted Electronically