

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 # 35037
Name: Horton, John
Address 1: PO BOX 314
Address 2: _____
City: SEDAN State: KS Zip: 67361 + 0314
Contact Person: John Horton
Phone: (620) 249-3382
Lease Name: CASEMENT
Well Number: 1

API No.: 15-019-24066-00-01
Permit No: E32461.1
Reporting Year: 2023
(January 1 to December 31)
NE - SW - SE - NE Sec. 4 Twp. 34 S. R. 11 ☒ E ☐ W
(a/a/a/a)
3202 feet from ☐ N / ☒ S Line of Section
682 feet from ☒ E / ☐ W Line of Section
County: Chautauqua

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: 400 psi Injection Zone: WAYSIDE SAND
Maximum Authorized Injection Rate: 500 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	<u>465</u>	_____	_____	_____	<u>31</u>
	February	_____	_____	_____	_____	<u>28</u>
	March	<u>465</u>	_____	_____	_____	<u>31</u>
	April	<u>450</u>	_____	_____	_____	<u>30</u>
	May	<u>465</u>	_____	_____	_____	<u>31</u>
	June	<u>450</u>	_____	_____	_____	<u>30</u>
	July	_____	_____	_____	_____	_____
	August	_____	_____	_____	_____	_____
	September	_____	_____	_____	_____	_____
	October	_____	_____	_____	_____	_____
	November	_____	_____	_____	_____	_____
	December	_____	_____	_____	_____	_____
	TOTAL	<u>2295</u>	_____	<u>0</u>	_____	_____

Submitted Electronically