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 # 33930
Name: Super Oilwell Service
Address 1: 930 w wichita ave
Address 2: po box 529
City: RUSSELL State: KS Zip: 67665 + 0529
Contact Person: jason schoenberger
Phone: (785) 483-9797
Lease Name: KRAUS H
Well Number: 5

API No.: 15-051-19156-00-01
Permit No: D22093.0
Reporting Year: 2023
(January 1 to December 31)

____ - SE - SW - NW Sec. 22 Twp. 14 S. R. 19 ☐ E ☑ W
(Q/Q/Q/Q)
3063 feet from ☐ N / ☑ S Line of Section
4404 feet from ☑ E / ☐ W Line of Section
County: Ellis

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: CEDAR HILLS
Maximum Authorized Injection Rate: 1500 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	1860				31
February	1568				28
March	1860				31
April	1800				30
May	1860				31
June	1800				30
July	1860				31
August	1860				31
September	1800				30
October	1860				31
November	1800				30
December	1860				31
TOTAL	21788		0		

Submitted Electronically