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 # 36006
Name: Superior Oilfield Services LLC
Address 1: 4601 E DOUGLAS AVE STE 150
Address 2: Apt 2B
City: WICHITA State: KS Zip: 67218 + 1031
Contact Person: Jason M Town
Phone: (913) 594-2703
Lease Name: WEAVER
Well Number: I-4

API No.: 15-121-31478-00-00
Permit No: E32071.6
Reporting Year: 2023
(January 1 to December 31)

____ - E2 - SE - SW Sec. 18 Twp. 16 S. R. 24 ☑ E ☐ W
(Q/Q/Q/Q)
660 feet from ☐ N / ☑ S Line of Section
2970 feet from ☑ E / ☐ W Line of Section
County: Miami

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: SQUIRREL SAND
Maximum Authorized Injection Rate: 100 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	500			31
February	1680	500			28
March	1860	500			31
April	1800	500			30
May	1860	500			31
June	1800	500			30
July	1860	500			31
August	1860	500			31
September	1800	500			30
October	1860	500			31
November	1800	500			30
December	1860	500			31
TOTAL	21900		0		

Submitted Electronically