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 - 1

API No.: 15-121-30569-00-00
Permit No: E32071.1
Reporting Year: 2023
*(January 1 to December 31)*

____ - SE - SE - SW Sec. 18 Twp. 16 S. R. 24 ☑ E ☐ W
*(Q/Q/Q/Q)*
322 feet from ☐ N / ☑ S Line of Section
3010 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