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 # 31471
Name: Roberts, Randy
Address 1: 1122 RD 23
Address 2:
City: SEDAN State: KS Zip: 67361 + 8831
Contact Person: Randy Roberts
Phone: (620) 725-5229
Lease Name: CARTER
Well Number: 10 W

API No.: 15-019-19766-00-00
Permit No: E20858.2
Reporting Year: 2024
(January 1 to December 31)

____ - SW - SE - NW Sec. 28 Twp. 33 S. R. 12 ☑ E ☐ W
(Q/Q/Q/Q)
3118 feet from ☐ N / ☑ S Line of Section
3366 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	50	200	0	0	31
February	50	200	0	0	29
March	50	200	0	0	31
April	50	200	0	0	30
May	50	200	0	0	31
June	50	200	0	0	30
July	50	200	0	0	31
August	50	200	0	0	31
September	50	200	0	0	30
October	50	200	0	0	31
November	50	200	0	0	30
December	50	200	0	0	31
TOTAL	600		0		

Submitted Electronically