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 # 32709
Name: Splechter, Tim
Address 1: 1586 HWY 54
Address 2:
City: YATES CENTER State: KS Zip: 66783 + 5201
Contact Person: Tim Splechter
Phone: (620) 496-6100
Lease Name: CUMMINGS
Well Number: AW 5

API No.: 15-207-24834-00-00
Permit No: E20958.19
Reporting Year: 2024
(January 1 to December 31)

____ - NW - NW - NW Sec. 17 Twp. 25 S. R. 16 ☑ E ☐ W
(Q/Q/Q/Q)
5129 feet from ☐ N / ☑ S Line of Section
4842 feet from ☑ E / ☐ W Line of Section
County: Woodson

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: 735 psi Injection Zone: squirrel
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	155	400	0	0	31
February	140	400	0	0	28
March	155	400	0	0	31
April	150	400	0	0	30
May	155	400	0	0	31
June	150	400	0	0	30
July	155	400	0	0	31
August	155	400	0	0	31
September	150	400	0	0	30
October	155	400	0	0	31
November	150	400	0	0	30
December	155	400	0	0	31
TOTAL	1825		0		

Submitted Electronically