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 # 32687
Name: Myers Drilling and Exploration Inc.
Address 1: 415 SHERMAN ST.
Address 2:
City: SEDAN State: KS Zip: 67361 + 1133
Contact Person: Ronald Myers
Phone: ( 918 ) 691-1950
Lease Name: ROY SAVAGE (TAYLOR)
Well Number: 5

API No.: 15-019-19072-00-01
Permit No: E27920.1
Reporting Year: 2024
*(January 1 to December 31)*

____ - SW - SE - SE Sec. 26 Twp. 33 S. R. 11 ☑ E ☐ W
*(Q/Q/Q/Q)*
452 feet from ☐ N / ☑ S Line of Section
1305 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: 350 psi Injection Zone: WAYSIDE SAND
Maximum Authorized Injection Rate: 300 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 | | | | | |
| February | | | | | |
| March | | | | | |
| April | | | | | |
| May | | | | | |
| June | | | | | |
| July | | | | | |
| August | | | | | |
| September | | | | | |
| October | | | | | |
| November | | | | | |
| December | | | | | |
| ***TOTAL*** | 0 | | 0 | | |

Submitted Electronically