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 # 33861
Name: Allen's Service Inc. dba Rude Crude
Address 1: PO BOX 145
Address 2:
City: HAMILTON State: KS Zip: 66853 + 0145
Contact Person: Brett Dannels
Phone: (620) 344-3406
Lease Name: DAME
Well Number: 12

API No.: 15-073-20728-00-01
Permit No: E28431.2
Reporting Year: 2024
(January 1 to December 31)

____ - NW - SE - SW Sec. 12 Twp. 24 S. R. 12 ☑ E ☐ W
(Q/Q/Q/Q)
1204 feet from ☐ N / ☑ S Line of Section
3909 feet from ☑ E / ☐ W Line of Section
County: Greenwood

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: 0 psi Injection Zone: MISSISSIPPIAN

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	4650	0	0	0	31
February	4200	0	0	0	29
March	4650	0	0	0	31
April	4500	0	0	0	30
May	4650	0	0	0	31
June	4500	0	0	0	30
July	4650	0	0	0	31
August	4650	0	0	0	31
September	4500	0	0	0	30
October	4650	0	0	0	31
November	4500	0	0	0	30
December	4650	0	0	0	31
TOTAL	54750		0		

Submitted Electronically