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 # 34888
Name: Patterson Energy LLC
Address 1: PO BOX 400
Address 2:
City: HAYS State: KS Zip: 67601 + 0400
Contact Person: Zach Patterson
Phone: (785) 259-3717
Lease Name: WESSELER
Well Number: 5

API No.: 15-053-21342-00-00
Permit No: D33042.0
Reporting Year: 2024
(January 1 to December 31)

____ - E2 - SW - SE Sec. 19 Twp. 17 S. R. 9 ☐ E ☑ W
(Q/Q/Q/Q)
660 feet from ☐ N / ☑ S Line of Section
1650 feet from ☑ E / ☐ W Line of Section
County: Ellsworth

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: Arbuckle
Maximum Authorized Injection Rate: 7500 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	96720	0	0	0	31
February	90480	0	0	0	29
March	96720	0	0	0	31
April	93600	0	0	0	30
May	96720	0	0	0	31
June	93600	0	0	0	30
July	96720	0	0	0	31
August	96720	0	0	0	31
September	93600	0	0	0	30
October	96720	0	0	0	31
November	93600	0	0	0	30
December	96720	0	0	0	31
TOTAL	1141920		0		

Submitted Electronically