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 # 32917
Name: Richardson and Son , Inc.
Address 1: 17295 151ST RD
Address 2:
City: WINFIELD State: KS Zip: 67156 + 7524
Contact Person: bryan richardson
Phone: (620) 229-8685
Lease Name: HAMMER
Well Number: 9

API No.: 15-035-30207-00-02
Permit No: E17207.2
Reporting Year: 2024
(January 1 to December 31)

____ - SW - NE - NW Sec. 18 Twp. 32 S. R. 6 ☑ E ☐ W
(Q/Q/Q/Q)
4290 feet from ☐ N / ☑ S Line of Section
3630 feet from ☑ E / ☐ W Line of Section
County: Cowley

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: 600 psi Injection Zone: BARTLESVILLE
Maximum Authorized Injection Rate: 2000 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	5250	150	0	0	30
February	5250	150	0	0	28
March	5250	150	0	0	30
April	6000	200	0	0	30
May	6000	200	0	0	30
June	7200	200	0	0	30
July	7200	200	0	0	30
August	7500	200	0	0	30
September	7500	200	0	0	30
October	7500	200	0	0	30
November	7500	200	0	0	30
December	7500	200	0	0	30
TOTAL	79650		0		

Submitted Electronically