

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 # 36112

Name: Simminger, Robert John Jr

Address 1: 4037 RD 25

Address 2: _____

City: LUDELL State: KS Zip: 67744 + 4413

Contact Person: Robert Simminger Jr

Phone: (785) 626-4218

Lease Name: SIMMINGER SW

Well Number: 5

API No.: 15-153-21155-00-02

Permit No.: D34534.0

Reporting Year: 2024
(January 1 to December 31)

NW - SW - SE - SW Sec. 18 Twp. 1 S. R. 32 ☐ E ☒ W
(a/a/a/a)

376 feet from ☐ N / ☒ S Line of Section

3915 feet from ☒ E / ☐ W Line of Section

County: Rawlins

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: 500 psi Injection Zone: OREAD,LANSING-KANSAS CITY

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	<u>0</u>	<u>0</u>			<u>0</u>
	February	<u>0</u>	<u>0</u>			<u>0</u>
	March	<u>0</u>	<u>0</u>			<u>0</u>
	April	<u>0</u>	<u>0</u>			<u>0</u>
	May	<u>0</u>	<u>0</u>			<u>0</u>
	June	<u>0</u>	<u>0</u>			<u>0</u>
	July	<u>0</u>	<u>0</u>			<u>0</u>
	August	<u>0</u>	<u>0</u>			<u>0</u>
	September	<u>0</u>	<u>0</u>			<u>0</u>
	October	<u>6300</u>	<u>400</u>			<u>14</u>
	November	<u>13500</u>	<u>400</u>			<u>30</u>
	December	<u>13950</u>	<u>400</u>			<u>31</u>
	TOTAL	<u>33750</u>		<u>0</u>		

Submitted Electronically