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 # 36038
Name: Crawford County Production LLC
Address 1: PO BOX 304
Address 2:
City: PAOLA State: KS Zip: 66071 + 0304
Contact Person: Phillip Frick
Phone: (913) 594-2703
Lease Name: HINES
Well Number: 17

API No.: 15-121-26084-00-01
Permit No: E22157.8
Reporting Year: 2024
(January 1 to December 31)

____ - NE - NE - NW Sec. 29 Twp. 17 S. R. 22 ☑ E ☐ W
(Q/Q/Q/Q)
4752 feet from ☐ N / ☑ S Line of Section
3126 feet from ☑ E / ☐ W Line of Section
County: Miami

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: 450 psi Injection Zone: Wayside
Maximum Authorized Injection Rate: 200 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 23 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	348	400	0	0	31
February	369	400	0	0	29
March	395	400	0	0	31
April	378	400	0	0	30
May	328	400	0	0	31
June	305	400	0	0	30
July	321	400	0	0	31
August	383	400	0	0	31
September	402	400	0	0	30
October	292	400	0	0	31
November	323	400	0	0	30
December	375	400	0	0	31
TOTAL	4219		0		

Submitted Electronically