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: HAYES
Well Number: C-2

API No.: 15-121-27107-00-01
Permit No: E22157.18
Reporting Year: 2024
(January 1 to December 31)

____ - SW - NW - NW Sec. 29 Twp. 17 S. R. 22 ☑ E ☐ W
(Q/Q/Q/Q)
4330 feet from ☐ N / ☑ S Line of Section
4973 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	329	400	0	0	31
February	386	400	0	0	29
March	345	400	0	0	31
April	349	400	0	0	30
May	405	400	0	0	31
June	363	400	0	0	30
July	326	400	0	0	31
August	297	400	0	0	31
September	294	400	0	0	30
October	360	400	0	0	31
November	325	400	0	0	30
December	342	400	0	0	31
TOTAL	4121		0		

Submitted Electronically