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 # 3134
Name: Morris, Terry E. dba G L M Company
Address 1: PO BOX 193
Address 2:
City: RUSSELL State: KS Zip: 67665 + 0193
Contact Person: Terry Morris
Phone: ( 785 ) 483-1307
Lease Name: SANDERS
Well Number: 3

API No.: 15-167-19194-00-01
Permit No: D20088.0
Reporting Year: 2024
*(January 1 to December 31)*

____ - ____ - NW - NE Sec. 9 Twp. 14 S. R. 15 ☐ E ☑ W
*(Q/Q/Q/Q)*
4617 feet from ☐ N / ☑ S Line of Section
2076 feet from ☑ E / ☐ W Line of Section
County: Russell

**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: cedar hill
Maximum Authorized Injection Rate: 600 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 | 9238 | 0 | 0 | 0 | 31 |
| February | 8642 | 0 | 0 | 0 | 29 |
| March | 9238 | 0 | 0 | 0 | 31 |
| April | 8940 | 0 | 0 | 0 | 30 |
| May | 9238 | 0 | 0 | 0 | 31 |
| June | 8940 | 0 | 0 | 0 | 30 |
| July | 9238 | 0 | 0 | 0 | 31 |
| August | 9238 | 0 | 0 | 0 | 31 |
| September | 8940 | 0 | 0 | 0 | 30 |
| October | 9238 | 0 | 0 | 0 | 31 |
| November | 8940 | 0 | 0 | 0 | 30 |
| December | 9238 | 0 | 0 | 0 | 31 |
| ***TOTAL*** | 109068 | | 0 | | |

Submitted Electronically