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 # 5030
Name: Vess Oil Corporation
Address 1: 1700 N WATERFRONT PKWY BLDG 500
Address 2:
City: WICHITA State: KS Zip: 67206 + 6619
Contact Person: Michelle Henning
Phone: (316) 682-1537
Lease Name: SMOKY VALLEY SSS
Well Number: 2

API No.: 15-109-20391-00-00
Permit No: D24317.0
Reporting Year: 2024
(January 1 to December 31)

____ - ____ - SW - SE Sec. 15 Twp. 13 S. R. 33 ☐ E ☑ W
(Q/Q/Q/Q)
630 feet from ☐ N / ☑ S Line of Section
1980 feet from ☑ E / ☐ W Line of Section
County: Logan

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: LANSING,TOPEKA
Maximum Authorized Injection Rate: 700 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	330				11
February	690				22
March	930				31
April	900				30
May	690				31
June	900				30
July	600				31
August	930				31
September	870				30
October	930				31
November	900				30
December	840				31
TOTAL	9510		0		

Submitted Electronically