

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 # 3882
Name: Samuel Gary Jr. & Associates, Inc.
Address 1: 1515 WYNKOOP, STE 700
Address 2: _____
City: DENVER State: CO Zip: 80202 + 2062
Contact Person: STEPHANIE DECKER
Phone: (303) 831-4673
Lease Name: NEELY S W
Well Number: 2

API No.: 15-055-20388-00-02
Permit No: E28150.3
Reporting Year: 2024
(January 1 to December 31)
____ - ____ - NE - NE Sec. 33 Twp. 23 S. R. 32 ☐ E ☒ W
(a/a/a/a)
4631 feet from ☐ N / ☒ S Line of Section
660 feet from ☒ E / ☐ W Line of Section
County: Finney

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: 1500 psi Injection Zone: MORROW
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>4921</u>				<u>30</u>
	February	<u>4566</u>				<u>29</u>
	March	<u>5281</u>				<u>31</u>
	April	<u>4542</u>				<u>30</u>
	May	<u>4406</u>				<u>31</u>
	June	<u>4117</u>				<u>27</u>
	July	<u>10916</u>				<u>31</u>
	August	<u>6647</u>				<u>20</u>
	September	<u>3352</u>				<u>15</u>
	October	<u>7019</u>				<u>31</u>
	November	<u>6479</u>				<u>29</u>
	December	<u>6718</u>				<u>31</u>
	TOTAL	<u>68964</u>		<u>0</u>		

Submitted Electronically