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 # 36100
Name: Kansas Crude Resources, LLC
Address 1: 1011 12TH RD
Address 2:
City: BURLINGTON State: KS Zip: 66839 + 9209
Contact Person: Dale L Birk
Phone: ( 620 ) 490-0716
Lease Name: HAZEN A
Well Number: I-16

API No.: 15-031-23449-00-00
Permit No: E26402.18
Reporting Year: 2024
*(January 1 to December 31)*

____ - NW - SW - NE Sec. 29 Twp. 22 S. R. 17 ☑ E ☐ W
*(Q/Q/Q/Q)*
3900 feet from ☐ N / ☑ S Line of Section
2146 feet from ☑ E / ☐ W Line of Section
County: Coffey

**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: SQUIRREL SAND
Maximum Authorized Injection Rate: 60 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 18 *(Include TA's)*

**III.**

| Month: | Total Fluid Injected BBL | Maximum Fluid Pressure | Total Gas Injected MCF | Maximum Gas Pressure | # Days of Injection |
|---|---|---|---|---|---|
| January | | | | | |
| February | | | | | |
| March | | | | | |
| April | | | | | |
| May | | | | | |
| June | | | | | |
| July | | | | | |
| August | | | | | |
| September | | | | | |
| October | | | | | |
| November | | | | | |
| December | 250 | 300 | | | 19 |
| ***TOTAL*** | 250 | | 0 | | |

Submitted Electronically