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 # 33288
Name: Manning, Gregory
Address 1: 574 SE 130 AVE
Address 2:
City: ELLINWOOD State: KS Zip: 67526 + 9270
Contact Person: GREG MANNING
Phone: (620) 564-2302
Lease Name: OMLOR BUSHNELL
Well Number: 1

API No.: 15-185-10927-00-01
Permit No: E13180.1
Reporting Year: 2024
(January 1 to December 31)

SW - NW - SW - SW Sec. 11 Twp. 22 S. R. 14 ☐ E ☑ W
(Q/Q/Q/Q)
993 feet from ☐ N / ☑ S Line of Section
4964 feet from ☑ E / ☐ W Line of Section
County: Stafford

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: 1750 psi Injection Zone: LANSING-KANSAS CITY
Maximum Authorized Injection Rate: 450 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	1300				31
February	1350				29
March	1350				31
April	1300				30
May	1300				31
June	1250				30
July	1350				31
August	1350				31
September	1300				30
October	1300				31
November	1250				30
December	1300				31
TOTAL	15700		0		

Submitted Electronically