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 # 30280
Name: Sunflower Well Service, Inc.
Address 1: 1770 28TH AVE
Address 2: PO BOX 341
City: CANTON State: KS Zip: 67428 + 0341
Contact Person: LaMonte P. "Bud" Davis, Jr.
Phone: (620) 628-4723
Lease Name: HESS TRUST
Well Number: 3

API No.: 15-113-20453-00-01
Permit No: E19426.2
Reporting Year: 2024
(January 1 to December 31)

____ - S2 - NE - NW Sec. 23 Twp. 19 S. R. 1 ☐ E ☑ W
(Q/Q/Q/Q)
4412 feet from ☐ N / ☑ S Line of Section
3451 feet from ☑ E / ☐ W Line of Section
County: McPherson

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: 0
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 0 psi Injection Zone: MISSISSIPPIAN
Maximum Authorized Injection Rate: 900 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	0				
February	0				
March	0				
April	0				
May	0				
June	0				
July	0				
August	0				
September	0				
October	0				
November	0				
December	0				
TOTAL	0		0		

Submitted Electronically