

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 # 32485
Name: Patteson, Thomas Wade
Address 1: 484 OSAGE TRAIL
Address 2: _____
City: MOLINE State: KS Zip: 67353 + 9718
Contact Person: Wade Patteson
Phone: (620) 330-8718
Lease Name: THOMAS
Well Number: 2

API No.: 15-049-19204-00-03
Permit No.: D20589.0
Reporting Year: 2024
(January 1 to December 31)
SE - SE - NW - SE Sec. 12 Twp. 29 S. R. 12 ☒ E ☐ W
(a/a/a/a)
1369 feet from ☐ N / ☒ S Line of Section
1480 feet from ☒ E / ☐ W Line of Section
County: Elk

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: 0 psi Injection Zone: ARBUCKLE
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>50840</u>				<u>31</u>
	February	<u>44175</u>				<u>29</u>
	March	<u>47795</u>				<u>31</u>
	April	<u>28620</u>				<u>30</u>
	May	<u>32065</u>				<u>31</u>
	June	<u>40020</u>				<u>30</u>
	July	<u>47619</u>				<u>31</u>
	August	<u>47019</u>				<u>31</u>
	September	<u>46426</u>				<u>30</u>
	October	<u>43103</u>				<u>31</u>
	November	<u>33993</u>				<u>30</u>
	December	<u>38065</u>				<u>31</u>
	TOTAL	<u>499740</u>		<u>0</u>		

Submitted Electronically