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 # 32699
Name: ZU, LLC
Address 1: 108 W 34TH
Address 2:
City: HAYS State: KS Zip: 67601 + 1629
Contact Person: Greg Whitehair
Phone: (785) 432-0789
Lease Name: HAYES
Well Number: 3

API No.: 15-185-19016-00-00
Permit No: E12893.10
Reporting Year: 2024
(January 1 to December 31)

____ - SE - SW - SE Sec. 11 Twp. 24 S. R. 11 ☐ E ☑ W
(Q/Q/Q/Q)
355 feet from ☐ N / ☑ S Line of Section
1641 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: 1200 psi Injection Zone: MISENER,VIOLA
Maximum Authorized Injection Rate: 10000 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	3390				31
February	2800				28
March	3000				31
April	2700				30
May	2900				31
June	3050				30
July	2850				31
August	2900				31
September	2800				30
October	3100				31
November	2800				28
December	2600				31
TOTAL	34890		0		

Submitted Electronically