

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 # 5953
Name: A. R. & R., Ltd.
Address 1: 6213 SAWGRASS PL
Address 2: _____
City: BARTLESVILLE State: OK Zip: 74006 + 2947
Contact Person: andy park
Phone: (620) 252-5009
Lease Name: C. THOMAS
Well Number: A-2

API No.: 15-049-22476-00-01
Permit No: D32251.0
Reporting Year: 2024
(January 1 to December 31)
____ - SW - NE - SW Sec. 18 Twp. 29 S. R. 13 ☒ E ☐ W
(a/a/a/a)
1889 feet from ☐ N / ☒ S Line of Section
3534 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: 300 psi Injection Zone: MISSISSIPPIAN
Maximum Authorized Injection Rate: 500 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	_____	_____	_____	_____	_____
	February	_____	_____	_____	_____	_____
	March	_____	_____	_____	_____	_____
	April	<u>50</u>	_____	_____	_____	<u>25</u>
	May	_____	_____	_____	_____	_____
	June	_____	_____	_____	_____	_____
	July	_____	_____	_____	_____	_____
	August	_____	_____	_____	_____	_____
	September	_____	_____	_____	_____	_____
	October	<u>30</u>	_____	_____	_____	<u>5</u>
	November	<u>40</u>	_____	_____	_____	<u>15</u>
	December	<u>30</u>	_____	_____	_____	<u>15</u>
	TOTAL	<u>150</u>	_____	<u>0</u>	_____	_____

Submitted Electronically