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 # 31488
Name: George, Mark
Address 1: 817 C ST
Address 2:
City: LEROY State: KS Zip: 66857 + 9522
Contact Person: mark george
Phone: (620) 363-0250
Lease Name: GRAHAM
Well Number: 11

API No.: 15-031-22097-00-01
Permit No: E30045.2
Reporting Year: 2024
(January 1 to December 31)

____ - NW - NW - NW Sec. 13 Twp. 23 S. R. 16 ☑ E ☐ W
(Q/Q/Q/Q)
5079 feet from ☐ N / ☑ S Line of Section
5100 feet from ☑ E / ☐ W Line of Section
County: Coffey

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: 500 psi Injection Zone: SQUIRREL SAND
Maximum Authorized Injection Rate: 80 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 4 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	930	150	0	0	31
February	870	150	0	0	29
March	930	150	0	0	31
April	900	150	0	0	30
May	930	150	0	0	31
June	900	150	0	0	30
July	930	150	0	0	31
August	930	200	0	0	31
September	900	200	0	0	30
October	930	200	0	0	31
November	900	200	0	0	30
December	930	200	0	0	31
TOTAL	10980		0		

Submitted Electronically