

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 # 5614
Name: Hutchinson, William S. dba Hutchinson Oil Co.
Address 1: PO BOX 521
Address 2: _____
City: DERBY State: KS Zip: 67037 + 0521
Contact Person: Steve Hutchinson
Phone: (316) 788-5440
Lease Name: DAVID SALEM
Well Number: 501

API No.: 15-185-22048-00-01
Permit No.: D28061.0
Reporting Year: 2024
(January 1 to December 31)
____ - NW - NW - SW Sec. 5 Twp. 23 S. R. 12 ☐ E ☒ W
(a/a/a/a)
2320 feet from ☐ N / ☒ S Line of Section
4945 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: 250 psi Injection Zone: LANSING G
Maximum Authorized Injection Rate: 1000 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>2480</u>				<u>31</u>
	February	<u>0</u>				<u>0</u>
	March	<u>0</u>				<u>0</u>
	April	<u>0</u>				<u>0</u>
	May	<u>0</u>				<u>0</u>
	June	<u>0</u>				<u>0</u>
	July	<u>0</u>				<u>0</u>
	August	<u>2480</u>				<u>31</u>
	September	<u>2400</u>				<u>30</u>
	October	<u>2480</u>				<u>31</u>
	November	<u>2400</u>				<u>30</u>
	December	<u>0</u>				<u>0</u>
	TOTAL	<u>12240</u>		<u>0</u>		

Submitted Electronically