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 # 31647
Name: Churchill, Kim dba K.C. Operations
Address 1: 534 SE 70 AVE
Address 2:
City: ELLINWOOD State: KS Zip: 67526 + 9226
Contact Person: Kim Churchill
Phone: (620) 786-1252
Lease Name: BRYANT
Well Number: 1

API No.: 15-009-21827-00-01
Permit No: D26312.0
Reporting Year: 2024
(January 1 to December 31)

____ - SE - NE - NW Sec. 14 Twp. 20 S. R. 11 ☐ E ☑ W
(Q/Q/Q/Q)
4369 feet from ☐ N / ☑ S Line of Section
3161 feet from ☑ E / ☐ W Line of Section
County: Barton

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: 4000 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	4667				31
February	6260				29
March	5776				31
April	5916				30
May	5716				31
June	3540				30
July	6120				31
August	4916				31
September	6324				30
October	6152				31
November	6120				30
December	6292				31
TOTAL	67799		0		

Submitted Electronically