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 # 33543
Name: Morrison, Mark L.
Address 1: 1651 50TH RD
Address 2:
City: YATES CENTER State: KS Zip: 66783 + 5141
Contact Person: MARK L MORRISON
Phone: (620) 496-7674
Lease Name: KIMBELIN NORTH
Well Number: WD-1

API No.: 15-207-29434-00-00
Permit No: D32531.0
Reporting Year: 2024
(January 1 to December 31)

____ - NE - SE - NE Sec. 21 Twp. 26 S. R. 16 ☑ E ☐ W
(Q/Q/Q/Q)
3394 feet from ☐ N / ☑ S Line of Section
332 feet from ☑ E / ☐ W Line of Section
County: Woodson

I. Injection Fluid:

Type *(Pick one)*: ☐ Fresh Water ☑ Treated Brine ☐ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: N/A mg/l Specific Gravity: N/A Additives: N/A
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 270 psi Injection Zone: Kansas City
Maximum Authorized Injection Rate: 750 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	4650	100	0	0	31
February	4200	100	0	0	29
March	4650	100	0	0	31
April	4500	100	0	0	30
May	4650	100	0	0	30
June	4500	100	0	0	30
July	4650	100	0	0	31
August	4650	100	0	0	31
September	4500	100	0	0	30
October	4650	100	0	0	31
November	4500	100	0	0	30
December	4650	100	0	0	31
TOTAL	54750		0		

Submitted Electronically