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 # 31983
Name: Nichols Fluid Service, Inc.
Address 1: 316 INDUSTRIAL PARK AVE
Address 2:
City: LIBERAL State: KS Zip: 67901 + 5104
Contact Person: JIM MCGILL
Phone: (620) 624-5582
Lease Name: JOHNSON
Well Number: 3

API No.: 15-175-10190-00-03
Permit No: D27805.0
Reporting Year: 2024
(January 1 to December 31)

____ - NW - NE - NW Sec. 16 Twp. 34 S. R. 32 ☐ E ☑ W
(Q/Q/Q/Q)
4654 feet from ☐ N / ☑ S Line of Section
3302 feet from ☑ E / ☐ W Line of Section
County: Seward

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: GLORIETTA
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	0				31
February	0				29
March	80				31
April	0				30
May	0				31
June	0				30
July	0				31
August	0				31
September	20				30
October	0				31
November	70				30
December	0				31
TOTAL	170		0		

Submitted Electronically