

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 # 32119
Name: Northern Natural Gas Co.
Address 1: 1111 S 103RD ST
Address 2: PO BOX 3330
City: OMAHA State: NE Zip: 68124 + 3330
Contact Person: Anne Thompson
Phone: (402) 398-7274
Lease Name: MCCLELLAN
Well Number: 2-23

API No.: 15-151-20689-00-02
Permit No.: D25492.0
Reporting Year: 2025
(January 1 to December 31)
SE - NE - NE - NE Sec. 2 Twp. 28 S. R. 11 ☐ E ☒ W
(a/a/a/a)
4761 feet from ☐ N / ☒ S Line of Section
80 feet from ☒ E / ☐ W Line of Section
County: Pratt

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: 8500 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>5450</u>				<u>13</u>
	February	<u>12557</u>				<u>21</u>
	March	<u>19297</u>				<u>23</u>
	April	<u>23353</u>				<u>29</u>
	May	<u>2841</u>				<u>10</u>
	June	<u>505</u>				<u>2</u>
	July	<u>161</u>				<u>1</u>
	August	<u>137</u>				<u>2</u>
	September	<u>47</u>				<u>1</u>
	October	<u>1299</u>				<u>7</u>
	November	<u>605</u>				<u>4</u>
	December	<u>3027</u>				<u>11</u>
	TOTAL	<u>69279</u>		<u>0</u>		

Submitted Electronically