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 # 32933
Name: Miller, Todd dba Speedy Well Service
Address 1: 1141 RD 22
Address 2:
City: SEDAN State: KS Zip: 67361 + 8864
Contact Person: Todd Miller
Phone: (620) 725-3631
Lease Name: HOUCHIN/PETTIGROVE
Well Number: 10 A

API No.: 15-019-24134-00-02
Permit No: E23889.1
Reporting Year: 2025
(January 1 to December 31)

____ - SW - SE - SE Sec. 19 Twp. 33 S. R. 11 ☑ E ☐ W
(Q/Q/Q/Q)
314 feet from ☐ N / ☑ S Line of Section
1243 feet from ☑ E / ☐ W Line of Section
County: Chautauqua

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: MISSISSIPPIAN CHAT
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					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
TOTAL	0		0		

Submitted Electronically