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 # 32218
Name: TDR Construction, Inc.
Address 1: 4453 SHAWNEE RD
Address 2:
City: WELLSVILLE State: KS Zip: 66092 + 8756
Contact Person: Victoria Scott
Phone: (913) 710-5400
Lease Name: WEST LIDIKAY
Well Number: 79

API No.: 15-059-26284-00-02
Permit No: E30259.14
Reporting Year: 2025
(January 1 to December 31)

____ - NW - NW - NW Sec. 4 Twp. 16 S. R. 21 ☑ E ☐ W
(Q/Q/Q/Q)
4539 feet from ☐ N / ☑ S Line of Section
4634 feet from ☑ E / ☐ W Line of Section
County: Franklin

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: 600 psi Injection Zone: Squirrel
Maximum Authorized Injection Rate: 40 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	930	550	0	0	31
February	980	550	0	0	28
March	930	550	0	0	31
April	960	550	0	0	30
May	930	550	0	0	31
June	960	550	0	0	30
July	930	550	0	0	31
August	930	550	0	0	31
September	960	550	0	0	30
October	0	0	0	0	0
November	0	0	0	0	0
December	0	0	0	0	0
TOTAL	8510		0		

Submitted Electronically