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 # 8653
Name: Petroleum Technologies, Inc.
Address 1: 801 W 47TH ST STE 412
Address 2:
City: KANSAS CITY State: MO Zip: 64112 + 1253
Contact Person: Alan Seaton
Phone: (816) 531-6904
Lease Name: GILLESPIE
Well Number: 30 9

API No.: 15-091-21222-00-01
Permit No: E23532.3
Reporting Year: 2025
(January 1 to December 31)

____ - NE - NW - SE Sec. 30 Twp. 14 S. R. 22 ☑ E ☐ W
(Q/Q/Q/Q)
2131 feet from ☐ N / ☑ S Line of Section
1514 feet from ☑ E / ☐ W Line of Section
County: Johnson

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: 500 psi Injection Zone: BARTLESVILLE
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				
February	0				
March	0				
April	0				
May	0				
June	0				
July	0				
August	0				
September	0				
October	0				
November	0				
December	0				
TOTAL	0		0		

Submitted Electronically