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 # 6655
Name: Crawford, Garry F. dba Crawford Production Company
Address 1: 1790 JASON DR
Address 2:
City: EL DORADO State: KS Zip: 67042 + 0727
Contact Person: Garry Crawford
Phone: (316) 377-0913
Lease Name: BUSENITZ
Well Number: 8

API No.: 15-015-01486-00-01
Permit No: E11990.6
Reporting Year: 2025
(January 1 to December 31)

____ - NW - SW - NE Sec. 13 Twp. 23 S. R. 3 ☑ E ☐ W
(Q/Q/Q/Q)
3630 feet from ☐ N / ☑ S Line of Section
2310 feet from ☑ E / ☐ W Line of Section
County: Butler

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: 1500 psi Injection Zone: MISSISSIPPIAN
Maximum Authorized Injection Rate: 450 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 3 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	1550	325	0		31
February	1400	325	0		28
March	1550	325	0		31
April	1500	325	0		30
May	1550	325	0		31
June	1500	325	0		30
July	1550	325	0		31
August	1550	325	0		31
September	1500	325	0		30
October	1550	325	0		31
November	1500	325	0		30
December	1550	325	0		31
TOTAL	18250		0		

Submitted Electronically