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 # 36038
Name: Crawford County Production LLC
Address 1: PO BOX 304
Address 2:
City: PAOLA State: KS Zip: 66071 + 0304
Contact Person: Phillip Frick
Phone: (913) 594-2703
Lease Name: HINES
Well Number: 11

API No.: 15-121-26021-00-00
Permit No: E22157.5
Reporting Year: 2025
(January 1 to December 31)

____ - SW - NE - NW Sec. 29 Twp. 17 S. R. 22 ☑ E ☐ W
(Q/Q/Q/Q)
4388 feet from ☐ N / ☑ S Line of Section
3502 feet from ☑ E / ☐ W Line of Section
County: Miami

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: 450 psi Injection Zone: Wayside
Maximum Authorized Injection Rate: 200 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 23 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	686	450	0	0	31
February	785	450	0	0	28
March	804	450	0	0	31
April	822	450	0	0	30
May	803	450	0	0	31
June	839	450	0	0	30
July	854	450	0	0	31
August	625	450	0	0	31
September	856	450	0	0	30
October	646	450	0	0	31
November	626	450	0	0	30
December	847	450	0	0	31
TOTAL	9193		0		

Submitted Electronically