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: 12

API No.: 15-121-26022-00-00
Permit No: E22157.6
Reporting Year: 2025
*(January 1 to December 31)*

____ - NW - NE - NW Sec. 29 Twp. 17 S. R. 22 ☑ E ☐ W
*(Q/Q/Q/Q)*
5043 feet from ☐ N / ☑ S Line of Section
3835 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 | 859 | 450 | 0 | 0 | 31 |
| February | 667 | 450 | 0 | 0 | 28 |
| March | 874 | 450 | 0 | 0 | 31 |
| April | 686 | 450 | 0 | 0 | 30 |
| May | 755 | 450 | 0 | 0 | 31 |
| June | 821 | 450 | 0 | 0 | 30 |
| July | 706 | 450 | 0 | 0 | 31 |
| August | 764 | 450 | 0 | 0 | 31 |
| September | 720 | 450 | 0 | 0 | 30 |
| October | 632 | 450 | 0 | 0 | 31 |
| November | 777 | 450 | 0 | 0 | 30 |
| December | 740 | 450 | 0 | 0 | 31 |
| ***TOTAL*** | 9001 | | 0 | | |

Submitted Electronically