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 # 36006
Name: Superior Oilfield Services LLC
Address 1: 19 E WEA STREET #304
Address 2:
City: PAOLA State: KS Zip: 66071 + 3515
Contact Person: Phillip Frick
Phone: (913) 594-2703
Lease Name: ALICE KUHN
Well Number: I-4

API No.: 15-121-30691-00-00
Permit No: E32217.4
Reporting Year: 2025
(January 1 to December 31)

____ - NE - NE - NW Sec. 19 Twp. 16 S. R. 24 ☑ E ☐ W
(Q/Q/Q/Q)
5237 feet from ☐ N / ☑ S Line of Section
3338 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: 600 psi Injection Zone: Squirrel
Maximum Authorized Injection Rate: 100 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	927	600	0	0	31
February	1033	600	0	0	28
March	1077	600	0	0	31
April	901	600	0	0	30
May	870	600	0	0	31
June	1005	600	0	0	30
July	915	600	0	0	31
August	935	600	0	0	31
September	805	600	0	0	30
October	930	600	0	0	31
November	1032	600	0	0	30
December	963	600	0	0	31
TOTAL	11393		0		

Submitted Electronically