

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 # 32864
Name: XTO Energy Inc.
Address 1: 22777 SPRINGWOODS VILLAGE PKWY
Address 2: _____
City: SPRING State: TX Zip: 77389 + 1425
Contact Person: Kristie Hill
Phone: (346) 280-4098
Lease Name: KANSAS B SWD
Well Number: 1

API No.: 15-055-21562-00-00
Permit No: D27417.0
Reporting Year: 2025
(January 1 to December 31)
____ - NW - SE - SW Sec. 26 Twp. 24 S. R. 33 ☐ E ☒ W
(a/a/a/a)
1280 feet from ☐ N / ☒ S Line of Section
3663 feet from ☒ E / ☐ W Line of Section
County: Finney

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: 0 psi Injection Zone: CEDAR HILLS
Maximum Authorized Injection Rate: 500 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 (Include TA's)

III.	Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
	January	<u>0</u>				<u>0</u>
	February	<u>0</u>				<u>0</u>
	March	<u>0</u>				<u>0</u>
	April	<u>0</u>				<u>0</u>
	May					
	June					
	July					
	August					
	September					
	October					
	November					
	December					
	TOTAL	<u>0</u>		<u>0</u>		

Submitted Electronically