

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 # 35252
Name: Arcadian Resources, LLC
Address 1: 313 E KANSAS ST
Address 2: _____
City: GLEN ELDER State: KS Zip: 67446 + 9416
Contact Person: James Deverman
Phone: (785) 639-1808
Lease Name: ETZOLD UNIT NORTH
Well Number: 3-3

API No.: 15-175-20714-00-01
Permit No: E24960.12
Reporting Year: 2025
(January 1 to December 31)
____ - ____ - SE - SW Sec. 22 Twp. 33 S. R. 34 ☐ E ☒ W
(a/a/a/a)
659 feet from ☐ N / ☒ S Line of Section
3298 feet from ☒ E / ☐ W Line of Section
County: Seward

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: 2000 psi Injection Zone: CHESTER
Maximum Authorized Injection Rate: 2000 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	<u>1240</u>	_____	_____	_____	<u>31</u>
	February	<u>1120</u>	_____	_____	_____	<u>28</u>
	March	<u>1240</u>	_____	_____	_____	<u>31</u>
	April	<u>1200</u>	_____	_____	_____	<u>30</u>
	May	<u>1240</u>	_____	_____	_____	<u>31</u>
	June	<u>1200</u>	_____	_____	_____	<u>30</u>
	July	<u>1240</u>	_____	_____	_____	<u>31</u>
	August	<u>1240</u>	_____	_____	_____	<u>31</u>
	September	<u>1200</u>	_____	_____	_____	<u>30</u>
	October	<u>1240</u>	_____	_____	_____	<u>31</u>
	November	<u>1200</u>	_____	_____	_____	<u>30</u>
	December	<u>1240</u>	_____	_____	_____	<u>31</u>
	TOTAL	<u>14600</u>	_____	<u>0</u>	_____	_____

Submitted Electronically