

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 # 100
Name: Kansas Corporation Commission
Address 1: 210 E. Frontview, Ste A
Address 2: _____
City: Dodge City State: KS Zip: 67801 + _____
Contact Person: Scott Alberg
Phone: (620) 682-7928
Lease Name: Harbaugh SWD
Well Number: 1

API No.: 15-007-22577-00-00
Permit No.: D-28,000.0
Reporting Year: 2016
(January 1 to December 31)

NE - NW - NE Sec. 29 Twp. 33 S. R. 11 E W
(0000) _____ feet from N / S Line of Section
_____ feet from E / W Line of Section
County: Barber

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: Arbuckle
Maximum Authorized Injection Rate: 10.000 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: _____ (Include TA's)

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MAR 30 2017
CONSERVATION DIVISION
WICHITA, KS

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