1345929

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 # 5050
Name: Hummon Corporation
Address 1: PO BOX 365
Address 2:
City: MEDICINE LODGE State: KS Zip: 67104 + __ __ __ __
Contact Person: Tyler Bell
Phone: (620) 930-2645
Lease Name: CURRIER SWD
Well Number: 20-9

API No.: 15-033-21007-00-00
Permit No: D27668.0
Reporting Year: 2016
(January 1 to December 31)

____ - NW - NE - SE Sec. 20 Twp. 32 S. R. 18 ☐ E ☑ W
(Q/Q/Q/Q)
2167 feet from ☐ N / ☑ S Line of Section
677 feet from ☑ E / ☐ W Line of Section
County: Comanche

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: 5000 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	6355	0	0		31
February	6355	0	0		28
March	6355	0	0		31
April	5955	0	0		30
May	6150	0	0		31
June	5800	0	0		30
July	6400	0	0		31
August	6355	0	0		31
September	7650	0	0		30
October	6448	0	0		31
November	5695	0	0		30
December	5695	0	0		31
TOTAL	75213		0		

Submitted Electronically