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 # 33335
Name: IA Operating, Inc.
Address 1: 785 W. COVELL ROAD, SUITE 200
Address 2:
City: EDMOND State: OK Zip: 73003 + 2389
Contact Person: Jonathan Allen
Phone: (316) 721-0036
Lease Name: RUTH
Well Number: 18-2

API No.: 15-051-25493-00-00
Permit No: D28672.0
Reporting Year: 2019
(January 1 to December 31)

____ - SW - NE - SW Sec. 18 Twp. 14 S. R. 20 ☐ E ☑ W
(Q/Q/Q/Q)
1445 feet from ☐ N / ☑ S Line of Section
3820 feet from ☑ E / ☐ W Line of Section
County: Ellis

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: 4000 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	921	0			31
February	832	0			28
March	921	0			31
April	877	0			30
May	874	0			31
June	817	0			30
July	870	0			31
August	854	0			31
September	769	0			30
October	854	0			31
November	859	0			30
December	904	0			31
TOTAL	10352		0		

Submitted Electronically