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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 # 31514
Name: Thoroughbred Associates L.L.C.
Address 1: 8100 E 22ND ST STE 600
Address 2:
City: WICHITA State: KS Zip: 67226 + 2307
Contact Person: Bobby Patton
Phone: (316) 685-1512
Lease Name: WELDON
Well Number: 2

API No.: 15-033-21256-00-00
Permit No: D27987.0
Reporting Year: 2014
(January 1 to December 31)

____ - NE - NW - NE Sec. 22 Twp. 32 S. R. 19 ☐ E ☑ W
(Q/Q/Q/Q)
4825 feet from ☐ N / ☑ S Line of Section
1644 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: 3000 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	30000	0	0		31
February	30000	0	0		28
March	30000	0	0		31
April	30000	0	0		30
May	30000	0	0		31
June	30000	0	0		30
July	30000	0	0		31
August	30000	0	0		31
September	30000	0	0		30
October	30000	0	0		31
November	30000	0	0		30
December	30000	0	0		31
TOTAL	360000		0		

Submitted Electronically