1281795

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 # 4017
Name: Twin Valley Enterprises, Inc.
Address 1: 5816 CR 3300
Address 2:
City: INDEPENDENCE State: KS Zip: 67301 + 7978
Contact Person: Dale Springer
Phone: ( 620 ) 331-4036
Lease Name: HUGHES
Well Number: 1-15

API No.: 15-125-21634-00-01
Permit No: D28113.0
Reporting Year: 2015
*(January 1 to December 31)*

____ - NE - NE - SW Sec. 15 Twp. 31 S. R. 15 ☑ E ☐ W
*(Q/Q/Q/Q)*
2340 feet from ☐ N / ☑ S Line of Section
2940 feet from ☑ E / ☐ W Line of Section
County: Montgomery

**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: 250 psi Injection Zone: Tucker
Maximum Authorized Injection Rate: 100 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 | 80 | 20 | 0 | | 6 |
| February | 45 | 20 | 0 | | 03 |
| March | 35 | 20 | 0 | | 2 |
| April | 20 | 20 | 0 | | 1 |
| May | 15 | 20 | 0 | | 1 |
| June | 15 | 20 | 0 | | 1 |
| July | 15 | 20 | 0 | | 1 |
| August | 15 | 20 | 0 | | 1 |
| September | 20 | 20 | 0 | | 1 |
| October | 40 | 20 | 0 | | 3 |
| November | 70 | 20 | 0 | | 5 |
| December | 80 | 20 | 0 | | 5 |
| ***TOTAL*** | 450 | | 0 | | |

Submitted Electronically