1284708

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 # 33168
Name: Woolsey Operating Company, LLC
Address 1: 125 N MARKET STE 1000
Address 2:
City: WICHITA State: KS Zip: 67202 + 1729
Contact Person: DEBRA CLINGAN x106
Phone: (316) 267-4379
Lease Name: JACOBS
Well Number: 1

API No.: 15-007-10012-00-02
Permit No: D20013.0
Reporting Year: 2015
(January 1 to December 31)

____ - SW - SW - NE Sec. 13 Twp. 32 S. R. 12 ☐ E ☑ W
(Q/Q/Q/Q)
3300 feet from ☐ N / ☑ S Line of Section
1980 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: 1000 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 0 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	4222	0	0		31
February	6263	0	0		28
March	7309	0	0		31
April	6601	0	0		30
May	7045	0	0		31
June	6735	0	0		30
July	6751	0	0		31
August	6699	0	0		31
September	6010	0	0		30
October	6313	0	0		31
November	6038	0	0		30
December	6193	0	0		31
TOTAL	76179		0		

Submitted Electronically