1285579

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 # 34179
Name: Thomas M. Brown LLC
Address 1: PO BOX 250
Address 2:
City: PLAINVILLE State: KS Zip: 67663 + __ __ __ __
Contact Person: Jake Brown
Phone: (785) 434-7141
Lease Name: STAHL
Well Number: 1

API No.: 15-163-23167-00-00
Permit No: D26339.0
Reporting Year: 2015
(January 1 to December 31)

____ - N2 - NE - NW Sec. 17 Twp. 9 S. R. 18 ☐ E ☑ W
(Q/Q/Q/Q)
4950 feet from ☐ N / ☑ S Line of Section
3300 feet from ☑ E / ☐ W Line of Section
County: Rooks

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: _____ *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	57009	0	0		31
February	51492	0	0		28
March	57009	0	0		31
April	55170	0	0		30
May	57009	0	0		31
June	55170	0	0		30
July	57009	0	0		31
August	57009	0	0		31
September	55170	0	0		30
October	57009	0	0		31
November	55170	0	0		30
December	57009	0	0		31
TOTAL	671235		0		

Submitted Electronically