1286769

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 # 35174
Name: Fewins, Gary D.
Address 1: 4591 HAWAII RD.
Address 2:
City: MORAN State: KS Zip: 66755 + __ __ __ __
Contact Person: doug fewins
Phone: (620) 363-0594
Lease Name: WILSON
Well Number: 3

API No.: 15-011-21289-00-01
Permit No: E24912.1
Reporting Year: 2015
(January 1 to December 31)

____ - SW - SW - NW Sec. 25 Twp. 26 S. R. 21 ☑ E ☐ W
(Q/Q/Q/Q)
2805 feet from ☐ N / ☑ S Line of Section
4785 feet from ☑ E / ☐ W Line of Section
County: Bourbon

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: 700 psi Injection Zone: MISSISSIPPIAN
Maximum Authorized Injection Rate: 200 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	0		0		
February	0		0		
March	450	300	0		30
April	450	300	0		30
May	465	300	0		31
June	450	300	0		30
July	465	300	0		31
August	465	300	0		31
September	450	300	0		30
October	465	300	0		31
November	450	300	0		30
December	0		0		
TOTAL	4110		0		

Submitted Electronically