1300357

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 # 34618
Name: Four Corners Oil, LLC
Address 1: PO BOX 638
Address 2:
City: WELLSVILLE State: KS Zip: 66092 + __ __ __ __
Contact Person: Ray Groshong
Phone: (913) 238-7420
Lease Name: Groshong
Well Number: I-5

API No.: 15-059-26197-00-00
Permit No: E31614.1
Reporting Year: 2015
(January 1 to December 31)

____ - NE - NE - SE Sec. 23 Twp. 15 S. R. 20 ☑ E ☐ W
(Q/Q/Q/Q)
2278 feet from ☐ N / ☑ S Line of Section
395 feet from ☑ E / ☐ W Line of Section
County: Franklin

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: 500 psi Injection Zone: Mississippian
Maximum Authorized Injection Rate: 100 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	930	400	0		31
February	840	400	0		28
March	930	400	0		31
April	900	400	0		30
May	930	400	0		31
June	900	400	0		30
July	930	400	0		31
August	930	400	0		31
September	900	400	0		30
October	930	400	0		31
November	900	400	0		30
December	930	400	0		31
TOTAL	10950		0		

Submitted Electronically