1327797

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 # 34916
Name: FourWinds Oil Corporation
Address 1: PO BOX 1063
Address 2:
City: HAYS State: KS Zip: 67601 + __ __ __ __
Contact Person: Daniel Windholz
Phone: (785) 259-8403
Lease Name: ANDRESON
Well Number: A12

API No.: 15-065-01398-00-02
Permit No: D27603.0
Reporting Year: 2016
(January 1 to December 31)

____ - SW - NW - SE Sec. 16 Twp. 9 S. R. 21 ☐ E ☑ W
(Q/Q/Q/Q)
1663 feet from ☐ N / ☑ S Line of Section
2333 feet from ☑ E / ☐ W Line of Section
County: Graham

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,GRANIT WASH
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	41150	0	0		31
February	38880	0	0		29
March	42850	0	0		31
April	43700	0	0		30
May	44100	0	0		31
June	43959	0	0		30
July	44660	0	0		31
August	44050	0	0		31
September	42700	0	0		30
October	43780	0	0		31
November	43700	0	0		30
December	44100	0	0		31
TOTAL	517629		0		

Submitted Electronically