1332394

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 # 32044
Name: Trimble & Maclaskey Oil LLC
Address 1: 110 SOUTH ST
Address 2: PO BOX 171
City: GRIDLEY State: KS Zip: 66852 + __ __ __ __
Contact Person: Anna Young
Phone: (620) 836-2000
Lease Name: WOLFE
Well Number: 4

API No.: 15-207-02185-00-00
Permit No: E23291.2
Reporting Year: 2016
(January 1 to December 31)

____ - NE - NW - NW Sec. 4 Twp. 24 S. R. 14 ☑ E ☐ W
(Q/Q/Q/Q)
4985 feet from ☐ N / ☑ S Line of Section
2050 feet from ☑ E / ☐ W Line of Section
County: Woodson

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: 400 psi Injection Zone: Mississippi
Maximum Authorized Injection Rate: 150 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	4340	380	0		31
February	4060	380	0		29
March	4340	380	0		31
April	4200	380	0		30
May	4340	380	0		31
June	4200	380	0		30
July	4340	380	0		31
August	4340	380	0		31
September	4200	380	0		30
October	4340	380	0		31
November	4200	380	0		30
December	4340	380	0		31
TOTAL	51240		0		

Submitted Electronically