1333080

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 # 5010
Name: Knighton Oil Company, Inc.
Address 1: 1700 N WATERFRONT PKY BLDG 100 STE A
Address 2:
City: Wichita State: KS Zip: 67206 + __ __ __ __
Contact Person: Earl M. Knighton, Jr
Phone: (316) 630-9905
Lease Name: HAMMOND
Well Number: B-2

API No.: 15-185-10109-00-01
Permit No: E21415.1
Reporting Year: 2016
(January 1 to December 31)

____ - SW - SE - SW Sec. 9 Twp. 25 S. R. 14 ☐ E ☑ W
(Q/Q/Q/Q)
336 feet from ☐ N / ☑ S Line of Section
3605 feet from ☑ E / ☐ W Line of Section
County: Stafford

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: LANSING
Maximum Authorized Injection Rate: 500 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	2180	0	0		31
February	1960	0	0		28
March	2180	0	0		31
April	2105	0	0		30
May	2180	0	0		31
June	2105	0	0		30
July	2180	0	0		31
August	2180	0	0		31
September	2105	0	0		30
October	2180	0	0		31
November	2105	0	0		30
December	2180	0	0		31
TOTAL	25640		0		

Submitted Electronically