1341725

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 # 4448
Name: Perkins Oil Enterprises, Inc.
Address 1: PO BOX 707
Address 2:
City: HOWARD State: KS Zip: 67349 + 0707
Contact Person: KEVIN WARDLOW
Phone: (620) 374-2133
Lease Name: GOFF
Well Number: 2

API No.: 15-019-22001-00-01
Permit No: E32156.1
Reporting Year: 2016
(January 1 to December 31)

NW - NE - NW - NE Sec. 32 Twp. 33 S. R. 13 ☑ E ☐ W
(Q/Q/Q/Q)
5017 feet from ☐ N / ☑ S Line of Section
1708 feet from ☑ E / ☐ W Line of Section
County: Chautauqua

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: 100 psi Injection Zone: WEISER SAND
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	2790	0	0		31
February	2610	0	0		29
March	2765	0	0		31
April	2700	0	0		30
May	2762	0	0		31
June	2782	0	0		30
July	2450	0	0		31
August	2426	0	0		30
September	2452	0	0		30
October	2498	0	0		31
November	2462	0	0		30
December	2216	0	0		31
TOTAL	30913		0		

Submitted Electronically