1341768

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: PAYNE
Well Number: 1

API No.: 15-019-20406-00-01
Permit No: D28885.0
Reporting Year: 2016
(January 1 to December 31)

____ - SW - SW - SW Sec. 8 Twp. 33 S. R. 13 ☑ E ☐ W
(Q/Q/Q/Q)
127 feet from ☐ N / ☑ S Line of Section
5153 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: 75 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 2500 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	0		0		
February	16800	0	0		29
March	17370	0	0		28
April	21550	0	0		30
May	20300	0	0		29
June	21700	0	0		30
July	21000	0	0		30
August	21000	0	0		30
September	21000	0	0		30
October	20300	0	0		29
November	7000	0	0		10
December	10993	0	0		12
TOTAL	199013		0		

Submitted Electronically