1341929

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 # 31514
Name: Thoroughbred Associates L.L.C.
Address 1: 8100 E 22ND ST STE 600
Address 2:
City: WICHITA State: KS Zip: 67226 + 2307
Contact Person: Bobby Patton
Phone: (316) 685-1512
Lease Name: SKOLOUT B
Well Number: 3

API No.: 15-153-20786-00-01
Permit No: E27604.1
Reporting Year: 2016
(January 1 to December 31)

____ - NW - NE - SE Sec. 26 Twp. 1 S. R. 35 ☐ E ☑ W
(Q/Q/Q/Q)
2314 feet from ☐ N / ☑ S Line of Section
1089 feet from ☑ E / ☐ W Line of Section
County: Rawlins

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: 300 psi Injection Zone: LANSING-KANSAS CITY,TOPEKA
Maximum Authorized Injection Rate: 1000 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	6200	200	0		31
February	5800	200	0		29
March	6200	200	0		31
April	6000	200	0		30
May	6200	200	0		31
June	6000	200	0		30
July	6200	200	0		31
August	6200	200	0		31
September	6000	200	0		30
October	6200	200	0		31
November	6000	200	0		30
December	6200	200	0		31
TOTAL	73200		0		

Submitted Electronically