KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1346867

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 # 3313
Name: TM Enterprises, Inc.
Address 1: PO BOX 781821
Address 2:
City: WICHITA State: KS Zip: 67278 + 1821
Contact Person: Loren Tregellas
Phone: (316) 943-3463
Lease Name: KIPFER
Well Number: 6

API No.: 15-073-01613-00-01
Permit No: E05079.2
Reporting Year: 2016
(January 1 to December 31)

____ - NE - NW - SW Sec. 6 Twp. 24 S. R. 11 ☑ E ☐ W
(Q/Q/Q/Q)
3135 feet from ☑ N / ☐ S Line of Section
1005 feet from ☐ E / ☑ W Line of Section
County: Greenwood

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: 800 psi Injection Zone: Bartlesville
Maximum Authorized Injection Rate: 2000 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	7688	50	0		31
February	7164	50	0		29
March	7275	50	0		31
April	6889	50	0		30
May	6944	50	0		30
June	7109	50	0		30
July	8873	50	0		30
August	8101	50	0		31
September	6613	50	0		26
October	7936	50	0		31
November	6448	50	0		30
December	3858	50	0		30
TOTAL	84898		0		

Submitted Electronically