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 # 35116
Name: SM Oil & Gas, Inc.
Address 1: P.O. BOX 189
Address 2:
City: SKIATOOK State: OK Zip: 74070 + 0189
Contact Person: Stan Miller, Sr.
Phone: (918) 629-2151
Lease Name: BOWMAN
Well Number: 1

API No.: 15-019-23436-00-03
Permit No: E30650.1
Reporting Year: 2017
(January 1 to December 31)

NE - NE - SE - SE Sec. 4 Twp. 34 S. R. 11 ☑ E ☐ W
(Q/Q/Q/Q)
1140 feet from ☐ N / ☑ S Line of Section
181 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: 500 psi Injection Zone: WAYSIDE
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	1680	0	0		28
February	1680	0	0		28
March	1860	0	0		31
April	1800	0	0		30
May	1860	0	0		31
June	1800	0	0		3
July	1860	0	0		31
August	1860	0	0		31
September	1680	0	0		28
October	1800	0	0		30
November	0		0		
December	0		0		
TOTAL	17880		0		

Submitted Electronically