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 # 35018
Name: Entransco Energy, LLC
Address 1: PO BOX 578
Address 2:
City: DEWEY State: OK Zip: 74029 + __ __ __ __
Contact Person: Ray Gilbert
Phone: (918) 331-6708
Lease Name: COX
Well Number: 20-B4

API No.: 15-205-27045-00-00
Permit No: D28882.0
Reporting Year: 2017
(January 1 to December 31)

____ - NE - SE - SW Sec. 20 Twp. 28 S. R. 16 ☑ E ☐ W
(Q/Q/Q/Q)
990 feet from ☐ N / ☑ S Line of Section
3000 feet from ☑ E / ☐ W Line of Section
County: Wilson

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: ARBUCKLE
Maximum Authorized Injection Rate: 8000 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	9703	0	0		31
February	8405	0	0		28
March	8523	0	0		31
April	7869	0	0		30
May	7732	0	0		31
June	7654	0	0		30
July	7752	0	0		31
August	7798	0	0		31
September	7568	0	0		30
October	7721	0	0		31
November	7615	0	0		30
December	7528	0	0		31
TOTAL	95868		0		

Submitted Electronically