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 # 8490
Name: Keen, Dwight D. & Lenore M. dba Keen Oil Co
Address 1: # 1 TAM O SHANTER CT
Address 2:
City: WINFIELD State: KS Zip: 67156 + 6309
Contact Person: Lenore M Keen
Phone: (620) 221-6267
Lease Name: POWERS
Well Number: 2

API No.: 15-019-20837-00-01
Permit No: E18248.4
Reporting Year: 2017
(January 1 to December 31)

NE - NE - NE - NW Sec. 29 Twp. 33 S. R. 12 ☑ E ☐ W
(Q/Q/Q/Q)
5293 feet from ☐ N / ☑ S Line of Section
2623 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: PERU
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	980	240	0		24
February	1105	250	0		27
March	1000	245	0		23
April	1200	255	0		29
May	1160	250	0		27
June	1080	250	0		26
July	990	240	0		25
August	1110	250	0		28
September	1050	240	0		25
October	940	240	0		25
November	1030	260	0		27
December	1060	250	0		26
TOTAL	12705		0		

Submitted Electronically