

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 # 32025
Name: Greenwood Resources L.L.C.
Address 1: PO BOX 847
Address 2: _____
City: PRATT State: KS Zip: 67124 + 0847
Contact Person: Kenneth C Gates
Phone: (620) 672-2531
Lease Name: JONES-SHAFFER A
Well Number: 7

API No.: 15-073-01152-00-00
Permit No.: D12388.0
Reporting Year: 2017
(January 1 to December 31)
____ - NW - NW - NW Sec. 9 Twp. 23 S. R. 11 ☒ E ☐ W
(a/a/a/a)
4634 feet from ☐ N / ☒ S Line of Section
5244 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: 200 psi Injection Zone: DOUGLAS
Maximum Authorized Injection Rate: 150 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	<u>0</u>		<u>0</u>		
	February	<u>0</u>		<u>0</u>		
	March	<u>0</u>		<u>0</u>		
	April	<u>0</u>		<u>0</u>		
	May	<u>0</u>		<u>0</u>		
	June	<u>0</u>		<u>0</u>		
	July	<u>1700</u>	<u>0</u>	<u>0</u>		<u>17</u>
	August	<u>3720</u>	<u>0</u>	<u>0</u>		<u>31</u>
	September	<u>3600</u>	<u>0</u>	<u>0</u>		<u>30</u>
	October	<u>3720</u>	<u>0</u>	<u>0</u>		<u>31</u>
	November	<u>3600</u>	<u>0</u>	<u>0</u>		<u>30</u>
	December	<u>3720</u>	<u>0</u>	<u>0</u>		<u>31</u>
	TOTAL	<u>20060</u>		<u>0</u>		

Submitted Electronically