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 # 4787
Name: TDI, Inc.
Address 1: 1310 BISON RD
Address 2:
City: HAYS State: KS Zip: 67601 + 9696
Contact Person: Tom Denning
Phone: (785) 628-2593
Lease Name: CHARLOTTE TRUST
Well Number: 2 TWIN

API No.: 15-051-26763-00-00
Permit No: D32123.0
Reporting Year: 2017
(January 1 to December 31)

W2 - NE - SW - NE Sec. 23 Twp. 15 S. R. 18 ☐ E ☑ W
(Q/Q/Q/Q)
1650 feet from ☑ N / ☐ S Line of Section
1800 feet from ☑ E / ☐ W Line of Section
County: Ellis

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: 0 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 5000 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	3436	0	0		31
February	3104	0	0		28
March	3436	0	0		31
April	3326	0	0		30
May	3436	0	0		31
June	3326	0	0		30
July	3436	0	0		31
August	3436	0	0		31
September	3326	0	0		30
October	3526	0	0		31
November	3412	0	0		30
December	4501	0	0		31
TOTAL	41701		0		

Submitted Electronically