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 # 34008
Name: Owens Petroleum LLC
Address 1: 1274 202ND RD
Address 2:
City: YATES CENTER State: KS Zip: 66783 + 5411
Contact Person: Jody Owens
Phone: (620) 625-3607
Lease Name: CHANDLER TRI-STATE
Well Number: 6

API No.: 15-207-24013-00-01
Permit No: E27709.5
Reporting Year: 2017
(January 1 to December 31)

____ - NE - SW - NE Sec. 6 Twp. 24 S. R. 17 ☑ E ☐ W
(Q/Q/Q/Q)
3820 feet from ☐ N / ☑ S Line of Section
1705 feet from ☑ E / ☐ W Line of Section
County: Woodson

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: 400 psi Injection Zone: Squirrel
Maximum Authorized Injection Rate: 80 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	155	300	0		31
February	140	300	0		28
March	155	300	0		31
April	150	300	0		30
May	155	300	0		31
June	150	300	0		30
July	155	300	0		31
August	155	300	0		31
September	150	300	0		30
October	155	300	0		31
November	150	300	0		30
December	155	300	0		31
TOTAL	1825		0		

Submitted Electronically