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 # 4226
Name: Galemore, Matt dba Galemore Oil Co.
Address 1: 305 E. RUTLEDGE
Address 2:
City: YATES CENTER State: KS Zip: 66783 + __ __ __ __
Contact Person: matt galemore
Phone: (620) 625-3220
Lease Name: SCOTT
Well Number: 18

API No.: 15-205-24974-00-01
Permit No: E12901.7
Reporting Year: 2017
(January 1 to December 31)

____ - NE - SW - NW Sec. 13 Twp. 27 S. R. 15 ☑ E ☐ W
(Q/Q/Q/Q)
3830 feet from ☐ N / ☑ S Line of Section
4550 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: 750 psi Injection Zone: CATTLEMAN SAND
Maximum Authorized Injection Rate: 50 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	30	200	0		30
February	20	200	0		28
March	20	200	0		30
April	20	200	0		30
May	20	200	0		30
June	30	200	0		30
July	30	200	0		30
August	30	200	0		30
September	30	200	0		30
October	20	200	0		30
November	20	200	0		30
December	20	200	0		30
TOTAL	290		0		

Submitted Electronically