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 # 34876
Name: Triple Crown Operating LLC
Address 1: 2201 S. UTICA PL STE 100
Address 2:
City: TULSA State: OK Zip: 74114 + 7099
Contact Person: Doyle Williams
Phone: (918) 518-5422
Lease Name: BOYD MA SWD (M.A. BOYD)
Well Number: 1 SWD

API No.: 15-135-20457-00-00
Permit No: D16244.0
Reporting Year: 2017
(January 1 to December 31)

____ - SW - NE - NW Sec. 26 Twp. 19 S. R. 24 ☐ E ☑ W
(Q/Q/Q/Q)
4672 feet from ☐ N / ☑ S Line of Section
3734 feet from ☑ E / ☐ W Line of Section
County: Ness

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: CEDAR HILLS
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	1798	0	0		31
February	1449	0	0		28
March	1608	0	0		31
April	1578	0	0		30
May	1604	0	0		31
June	1740	0	0		30
July	1616	0	0		31
August	1639	0	0		31
September	1740	0	0		30
October	1633	0	0		31
November	1536	0	0		30
December	1608	0	0		31
TOTAL	19549		0		

Submitted Electronically