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 # 33168
Name: Woolsey Operating Company, LLC
Address 1: 125 N MARKET STE 1000
Address 2:
City: WICHITA State: KS Zip: 67202 + 1729
Contact Person: DEBRA CLINGAN
Phone: ( 316 ) 267-4379
Lease Name: SCHOOLEY A
Well Number: 1 SWD

API No.: 15-007-20640-00-01
Permit No: D30644.0
Reporting Year: 2017
*(January 1 to December 31)*

SW - NE - NE - SW Sec. 4 Twp. 35 S. R. 11 ☐ E ☑ W
*(Q/Q/Q/Q)*
1990 feet from ☐ N / ☑ S Line of Section
2015 feet from ☐ E / ☑ W Line of Section
County: Barber

**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: 10000 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 0 *(Include TA's)*

**III.**

| Month: | Total Fluid Injected BBL | Maximum Fluid Pressure | Total Gas Injected MCF | Maximum Gas Pressure | # Days of Injection |
|---|---|---|---|---|---|
| January | 36551 | 0 | 0 | | 31 |
| February | 33487 | 0 | 0 | | 28 |
| March | 34715 | 0 | 0 | | 31 |
| April | 31786 | 0 | 0 | | 30 |
| May | 35540 | 0 | 0 | | 31 |
| June | 35199 | 0 | 0 | | 30 |
| July | 34085 | 0 | 0 | | 31 |
| August | 32550 | 0 | 0 | | 31 |
| September | 32607 | 0 | 0 | | 30 |
| October | 36183 | 0 | 0 | | 31 |
| November | 33316 | 0 | 0 | | 30 |
| December | 32606 | 0 | 0 | | 31 |
| ***TOTAL*** | 408625 | | 0 | | |

Submitted Electronically