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 # 31826
Name: T & C Mfg. & Operating, Inc.
Address 1: 1020 HOOVER ST
Address 2: PO BOX 225
City: GREAT BEND State: KS Zip: 67530 + 3415
Contact Person: Patricia Scheck
Phone: ( 620 ) 793-5483
Lease Name: JANIE CATLIN
Well Number: 1

API No.: 15-095-01345-00-00
Permit No: D07122.0
Reporting Year: 2017
*(January 1 to December 31)*

NW - NE - NW - NW Sec. 2 Twp. 30 S. R. 7 ☐ E ☑ W
*(Q/Q/Q/Q)*
5105 feet from ☐ N / ☑ S Line of Section
3807 feet from ☑ E / ☐ W Line of Section
County: Kingman

**I. Injection Fluid:**

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☑ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: 55000 mg/l Specific Gravity: _____ Additives: _____
*(Attach water analysis, if available)*

**II. Well Data:**

Maximum Authorized Injection Pressure: 50 psi Injection Zone: Arbuckle
Maximum Authorized Injection Rate: 9600 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

**III.**

| Month: | Total Fluid Injected BBL | Maximum Fluid Pressure | Total Gas Injected MCF | Maximum Gas Pressure | # Days of Injection |
|---|---|---|---|---|---|
| January | 55800 | 0 | 0 | | 31 |
| February | 50400 | 0 | 0 | | 28 |
| March | 83328 | 0 | 0 | | 31 |
| April | 74160 | 0 | 0 | | 30 |
| May | 41664 | 0 | 0 | | 31 |
| June | 0 | | 0 | | |
| July | 45384 | 0 | 0 | | 31 |
| August | 37944 | 0 | 0 | | 31 |
| September | 64080 | 0 | 0 | | 30 |
| October | 62496 | 0 | 0 | | 31 |
| November | 26640 | 0 | 0 | | 30 |
| December | 31248 | 0 | 0 | | 31 |
| ***TOTAL*** | 573144 | | 0 | | |

Submitted Electronically