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 # 6030
Name: Ainsworth Operating Co.
Address 1: 4676 COMMERCIAL ST., SE #412
Address 2:
City: SALEM State: OR Zip: 97302 + __ __ __ __
Contact Person: Al Ainsworth
Phone: (503) 881-4357
Lease Name: SLEEPER
Well Number: 3

API No.: 15-185-01056-00-02
Permit No: E30268.1
Reporting Year: 2017
(January 1 to December 31)

____ - NW - NW - NE Sec. 8 Twp. 22 S. R. 11 ☐ E ☑ W
(Q/Q/Q/Q)
5047 feet from ☐ N / ☑ S Line of Section
2335 feet from ☑ E / ☐ W Line of Section
County: Stafford

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: SIMPSON
Maximum Authorized Injection Rate: 1000 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	810	-3	0		31
February	787	-2	0		28
March	899	-3	0		31
April	822	-3	0		30
May	910	-4	0		31
June	922	-3	0		30
July	901	-3	0		31
August	977	-2	0		31
September	924	-3	0		30
October	955	-3	0		31
November	877	-3	0		30
December	912	-3	0		31
TOTAL	10696		0		

Submitted Electronically