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 # 32937
Name: Watt, Larry
Address 1: 399200 W 450 RD
Address 2:
City: COPAN State: OK Zip: 74022 + __ __ __ __
Contact Person: Ron Cunningham
Phone: (918) 531-2233
Lease Name: LONGHORN
Well Number: 7

API No.: 15-125-28270-00-01
Permit No: E27302.1
Reporting Year: 2017
(January 1 to December 31)

____ - NE - SW - NW Sec. 9 Twp. 35 S. R. 15 ☑ E ☐ W
(Q/Q/Q/Q)
3389 feet from ☐ N / ☑ S Line of Section
1995 feet from ☑ E / ☐ W Line of Section
County: Montgomery

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: Scale & Corrosion Inhibitor
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 650 psi Injection Zone: Red Fork
Maximum Authorized Injection Rate: 200 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	0		0		
February	0		0		
March	0		0		
April	0		0		
May	0		0		
June	1100	400	0		30
July	1200	400	0		31
August	0		0		
September	0		0		
October	0		0		
November	0		0		
December	0		0		
TOTAL	2300		0		

Submitted Electronically