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 # 3585
Name: Weber Four Oil Co., Inc.
Address 1: 2136 NE 90 AVE
Address 2:
City: HOISINGTON State: KS Zip: 67544 + 9244
Contact Person: N.R. Weber
Phone: ( 620 ) 587-3539
Lease Name: HOLDER A
Well Number: 4

API No.: 15-009-15751-00-01
Permit No: D23195.0
Reporting Year: 2017
*(January 1 to December 31)*

___ - SE - NW - SE Sec. 12 Twp. 16 S. R. 12 ☐ E ☑ W
*(Q/Q/Q/Q)*
1641 feet from ☐ N / ☑ S Line of Section
1791 feet from ☑ E / ☐ W Line of Section
County: Barton

**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: 600 psi Injection Zone: GRANIT WASH
Maximum Authorized Injection Rate: 3000 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 | 2528 | 0 | 0 | | 31 |
| February | 2184 | 0 | 0 | | 28 |
| March | 2338 | 0 | 0 | | 31 |
| April | 2340 | 0 | 0 | | 30 |
| May | 2418 | 0 | 0 | | 31 |
| June | 2340 | 0 | 0 | | 30 |
| July | 2418 | 0 | 0 | | 31 |
| August | 2418 | 0 | 0 | | 31 |
| September | 1350 | 0 | 0 | | 30 |
| October | 1395 | 0 | 0 | | 31 |
| November | 1350 | 0 | 0 | | 30 |
| December | 1345 | 0 | 0 | | 31 |
| ***TOTAL*** | 24424 | | 0 | | |

Submitted Electronically