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 # 34916
Name: FourWinds Oil Corporation
Address 1: PO BOX 1063
Address 2:
City: HAYS State: KS Zip: 67601 + __ __ __ __
Contact Person: Dan Windholz
Phone: (785) 259-8403
Lease Name: STATES AG
Well Number: 2

API No.: 15-137-20577-00-00
Permit No: D31021.0
Reporting Year: 2017
(January 1 to December 31)

NE - SW - SW - NE Sec. 36 Twp. 4 S. R. 21 ☐ E ☑ W
(Q/Q/Q/Q)
2130 feet from ☑ N / ☐ S Line of Section
2140 feet from ☑ E / ☐ W Line of Section
County: Norton

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: CEDAR HILLS
Maximum Authorized Injection Rate: 500 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	2050	0	0		31
February	1990	0	0		28
March	2175	0	0		31
April	2020	0	0		30
May	2030	0	0		31
June	2010	0	0		30
July	2025	0	0		31
August	2100	0	0		31
September	1980	0	0		30
October	2100	0	0		31
November	2150	0	0		30
December	2100	0	0		31
TOTAL	24730		0		

Submitted Electronically