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: KS BRAND
Well Number: 2

API No.: 15-137-20733-00-00
Permit No: D33034.0
Reporting Year: 2017
(January 1 to December 31)

SE - NW - NE - NW Sec. 22 Twp. 5 S. R. 21 ☐ E ☑ W
(Q/Q/Q/Q)
525 feet from ☑ N / ☐ S Line of Section
1890 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: GRANIT WASH
Maximum Authorized Injection Rate: 2500 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	11900	0	0		31
February	9100	0	0		28
March	11900	0	0		31
April	11100	0	0		30
May	12200	0	0		31
June	12090	0	0		30
July	11600	0	0		31
August	12300	0	0		31
September	11900	0	0		30
October	12200	0	0		31
November	12000	0	0		30
December	11800	0	0		31
TOTAL	140090		0		

Submitted Electronically