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: SANSOM
Well Number: 3

API No.: 15-137-20203-00-01
Permit No: D28029.0
Reporting Year: 2017
(January 1 to December 31)

____ - ____ - NE - NW Sec. 27 Twp. 4 S. R. 22 ☐ E ☑ W
(Q/Q/Q/Q)
4628 feet from ☐ N / ☑ S Line of Section
3357 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	4700	0	0		31
February	4750	0	0		29
March	4850	0	0		31
April	4700	0	0		30
May	4900	0	0		31
June	4750	0	0		30
July	4900	0	0		31
August	5100	0	0		31
September	4800	0	0		30
October	4970	0	0		31
November	4800	0	0		30
December	5050	0	0		31
TOTAL	58270		0		

Submitted Electronically