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: BOLAND
Well Number: 3-SWD

API No.: 15-065-02899-00-01
Permit No: D17396.0
Reporting Year: 2017
(January 1 to December 31)

____ - NE - SW - NE Sec. 16 Twp. 9 S. R. 21 ☐ E ☑ W
(Q/Q/Q/Q)
3726 feet from ☐ N / ☑ S Line of Section
1731 feet from ☑ E / ☐ W Line of Section
County: Graham

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: 500 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 10000 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	33000	0	0		31
February	29050	0	0		28
March	32900	0	0		31
April	30050	0	0		30
May	33500	0	0		31
June	32100	0	0		30
July	34060	0	0		31
August	33800	0	0		31
September	32700	0	0		30
October	33500	0	0		31
November	32700	0	0		30
December	34500	0	0		31
TOTAL	391860		0		

Submitted Electronically