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 # 35221
Name: Wilson, Patricia J.
Address 1: 2517 BRENTWOOD DR.
Address 2:
City: NORMAN State: OK Zip: 73069 + __ __ __ __
Contact Person: Patricia J. Wilson
Phone: (405) 360-0946
Lease Name: GAFFNEY
Well Number: 11-A

API No.: 15-073-22080-00-01
Permit No: E03340.2
Reporting Year: 2017
(January 1 to December 31)

____ - SW - SE - NE Sec. 7 Twp. 24 S. R. 11 ☑ E ☐ W
(Q/Q/Q/Q)
3040 feet from ☐ N / ☑ S Line of Section
1050 feet from ☑ E / ☐ W Line of Section
County: Greenwood

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: 300 psi Injection Zone: Bartlesville
Maximum Authorized Injection Rate: 900 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	839	0	0		12
February	0		0		
March	0		0		
April	0		0		
May	0		0		
June	269	0	0		28
July	75	0	0		28
August	0		0		
September	278	0	0		11
October	0		0		
November	170	0	0		24
December	1221	4	0		30
TOTAL	2852		0		

Submitted Electronically