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 # 3369
Name: W M Petroleum LLC
Address 1: 27064 309TH ROAD
Address 2:
City: CEDARVALE State: KS Zip: 67024 + __ __ __ __
Contact Person: Trey Clapp
Phone: (580) 761-1254
Lease Name: BYERS
Well Number: 7

API No.: 15-035-21992-00-02
Permit No: E30659.1
Reporting Year: 2017
(January 1 to December 31)

___ - SE - NE - SE Sec. 31 Twp. 33 S. R. 8 ☑ E ☐ W
(Q/Q/Q/Q)
1653 feet from ☐ N / ☑ S Line of Section
913 feet from ☑ E / ☐ W Line of Section
County: Cowley

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: 100 psi Injection Zone: ALTAMONT,PAWNEE
Maximum Authorized Injection Rate: 1000 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	1200	0	0		31
February	1100	0	0		28
March	1200	0	0		31
April	1200	0	0		30
May	1200	0	0		31
June	1200	0	0		30
July	1200	0	0		31
August	1200	0	0		31
September	1200	0	0		30
October	1200	0	0		31
November	1200	0	0		30
December	1200	0	0		31
TOTAL	14300		0		

Submitted Electronically