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 # 7775
Name: Wilton Petroleum, Inc.
Address 1: PO BOX 391
Address 2:
City: CANTON State: KS Zip: 67428 + 0391
Contact Person: Bernie Rundstrom
Phone: ( 620 ) 628-4466
Lease Name: APPLEMAN TWIN
Well Number: SWD

API No.: 15-067-21807-00-00
Permit No: D32128.0
Reporting Year: 2017
*(January 1 to December 31)*

S2 - NE - SE - SE Sec. 36 Twp. 27 S. R. 35 ☐ E ☑ W
*(Q/Q/Q/Q)*
690 feet from ☐ N / ☑ S Line of Section
330 feet from ☑ E / ☐ W Line of Section
County: Grant

**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 | 14570 | 0 | 0 | | 31 |
| February | 13160 | 0 | 0 | | 28 |
| March | 14570 | 0 | 0 | | 31 |
| April | 14100 | 0 | 0 | | 30 |
| May | 11280 | 0 | 0 | | 24 |
| June | 14100 | 0 | 0 | | 30 |
| July | 14570 | 0 | 0 | | 31 |
| August | 14570 | 0 | 0 | | 31 |
| September | 14100 | 0 | 0 | | 30 |
| October | 6580 | 0 | 0 | | 14 |
| November | 14100 | 0 | 0 | | 30 |
| December | 14100 | 0 | 0 | | 30 |
| ***TOTAL*** | 159800 | | 0 | | |

Submitted Electronically