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 # 34270
Name: Goff, Betty J.
Address 1: 206 RANDOLPH, BOX 54
Address 2:
City: VIRGIL State: KS Zip: 66870 + __ __ __ __
Contact Person: Betty Goff
Phone: (620) 678-3473
Lease Name: SCOTT
Well Number: 3

API No.: 15-207-02129-00-01
Permit No: E19332.1
Reporting Year: 2017
(January 1 to December 31)

SW - NW - SW - NE Sec. 34 Twp. 23 S. R. 14 ☑ E ☐ W
(Q/Q/Q/Q)
3390 feet from ☐ N / ☑ S Line of Section
2340 feet from ☑ E / ☐ W Line of Section
County: Woodson

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: MISSISSIPPIAN
Maximum Authorized Injection Rate: 20 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	5	0	0		31
February	7	0	0		28
March	6	0	0		31
April	8	0	0		30
May	7	0	0		31
June	5	0	0		30
July	7	0	0		31
August	8	0	0		31
September	7	0	0		30
October	8	0	0		31
November	5	0	0		30
December	5	0	0		31
TOTAL	78		0		

Submitted Electronically