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 # 35210
Name: Green, Wayne and Lynda dba Green Enterprises
Address 1: 15814 1ST RD.
Address 2:
City: OXFORD State: KS Zip: 67119 + __ __ __ __
Contact Person: Wayne Green
Phone: (620) 218-1793
Lease Name: WAITE
Well Number: 5

API No.: 15-035-23435-00-01
Permit No: E28112.1
Reporting Year: 2017
(January 1 to December 31)

____ - E2 - NW - SW Sec. 19 Twp. 32 S. R. 3 ☑ E ☐ W
(Q/Q/Q/Q)
1925 feet from ☐ N / ☑ S Line of Section
4384 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: 0 psi Injection Zone: _____
Maximum Authorized Injection Rate: 100 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	1240	0	0		31
February	1120	0	0		28
March	1240	0	0		30
April	1200	0	0		3
May	1240	0	0		31
June	1240	0	0		30
July	1240	0	0		31
August	1240	0	0		31
September	1200	0	0		30
October	1240	0	0		31
November	1200	0	0		30
December	1240	0	0		31
TOTAL	14640		0		

Submitted Electronically