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 # 33995
Name: Kiowa Gas Company
Address 1: 8150 N CENTRAL EXPY STE 750
Address 2:
City: DALLAS State: TX Zip: 75206 + 1841
Contact Person: Todd Moore
Phone: (214) 368-6700
Lease Name: PETIT
Well Number: 1-87

API No.: 15-087-20362-00-01
Permit No: E32409.1
Reporting Year: 2017
(January 1 to December 31)

____ - NW - SE - SW Sec. 32 Twp. 8 S. R. 20 ☑ E ☐ W
(Q/Q/Q/Q)
839 feet from ☐ N / ☑ S Line of Section
3572 feet from ☑ E / ☐ W Line of Section
County: Jefferson

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: 450 psi Injection Zone: MCLOUTH
Maximum Authorized Injection Rate: 300 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	900	10	0		31
February	800	10	0		28
March	450	10	0		25
April	850	10	0		28
May	900	10	0		30
June	800	10	0		30
July	500	10	0		30
August	250	10	0		31
September	250	10	0		30
October	200	10	0		31
November	200	10	0		30
December	200	10	0		31
TOTAL	6300		0		

Submitted Electronically