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 # 34610
Name: Peoples Oil, LLC
Address 1: 928 W. 4TH ST
Address 2:
City: OTTAWA State: KS Zip: 66067 + __ __ __ __
Contact Person: Andy Peoples
Phone: (785) 418-1928
Lease Name: COX
Well Number: 16

API No.: 15-107-23939-00-00
Permit No: E27062.3
Reporting Year: 2017
(January 1 to December 31)

____ - ____ - ____ - W2 Sec. 21 Twp. 20 S. R. 22 ☑ E ☐ W
(Q/Q/Q/Q)
2640 feet from ☑ N / ☐ S Line of Section
1320 feet from ☐ E / ☑ W Line of Section
County: Linn

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: 400 psi Injection Zone: SQUIRREL
Maximum Authorized Injection Rate: 15 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	420	400	0		30
February	380	400	0		28
March	400	400	0		31
April	400	400	0		30
May	420	400	0		31
June	400	400	0		30
July	420	400	0		31
August	420	400	0		31
September	400	400	0		30
October	420	400	0		31
November	400	400	0		30
December	420	400	0		31
TOTAL	4900		0		

Submitted Electronically