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 # 35018
Name: Entransco Energy, LLC
Address 1: PO BOX 578
Address 2:
City: DEWEY State: OK Zip: 74029 + __ __ __ __
Contact Person: Ray Gilbert
Phone: (918) 331-6708
Lease Name: FRANCES THORNTON
Well Number: 1-A

API No.: 15-205-25531-00-00
Permit No: D27896.0
Reporting Year: 2018
(January 1 to December 31)

____ - SE - SW - NE Sec. 16 Twp. 30 S. R. 17 ☑ E ☐ W
(Q/Q/Q/Q)
3034 feet from ☐ N / ☑ S Line of Section
1530 feet from ☑ E / ☐ W Line of Section
County: Wilson

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: 200 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 700 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	8300	0			31
February	7800	0			28
March	8300	0			31
April	8300	0			30
May	8300	0			31
June	8300	0			30
July	8300	0			31
August	8300	0			31
September	8300	0			30
October	8300	0			31
November	8300	0			30
December	8300	0			31
TOTAL	99100		0		

Submitted Electronically