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 # 8490
Name: Keen, Dwight D. & Lenore M. dba Keen Oil Co
Address 1: # 1 TAM O SHANTER CT
Address 2:
City: WINFIELD State: KS Zip: 67156 + 6309
Contact Person: Lenore M Keen
Phone: ( 620 ) 221-6267
Lease Name: FULTON
Well Number: A-1

API No.: 15-019-25375-00-01
Permit No: E18248.19
Reporting Year: 2018
*(January 1 to December 31)*

____ - SE - NW - SE Sec. 20 Twp. 33 S. R. 12 ☑ E ☐ W
*(Q/Q/Q/Q)*
1545 feet from ☐ N / ☑ S Line of Section
1355 feet from ☑ E / ☐ W Line of Section
County: Chautauqua

**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: 500 psi Injection Zone: PERU
Maximum Authorized Injection Rate: 500 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 | 20 | 140 | 0 | | 21 |
| February | 25 | 135 | 0 | | 23 |
| March | 30 | 120 | 0 | | 19 |
| April | 25 | 130 | 0 | | 22 |
| May | 40 | 145 | 0 | | 26 |
| June | 45 | 125 | 0 | | 17 |
| July | 30 | 120 | 0 | | 20 |
| August | 40 | 130 | 0 | | 23 |
| September | 50 | 140 | 0 | | 22 |
| October | 45 | 125 | 0 | | 25 |
| November | 40 | 120 | 0 | | 21 |
| December | 50 | 130 | 0 | | 20 |
| ***TOTAL*** | 440 | | 0 | | |

Submitted Electronically