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 # 34675
Name: Holtom, Bill, A General Partnership
Address 1: 1832 S. LONGFORD
Address 2:
City: WICHITA State: KS Zip: 67207 + 5187
Contact Person: holtom
Phone: (316) 371-6885
Lease Name: FOX A
Well Number: 5-WI

API No.: 15-037-21336-00-00
Permit No: E23919.3
Reporting Year: 2018
(January 1 to December 31)

____ - ____ - SW - SW Sec. 26 Twp. 28 S. R. 21 ☑ E ☐ W
(Q/Q/Q/Q)
660 feet from ☐ N / ☑ S Line of Section
4620 feet from ☑ E / ☐ W Line of Section
County: Crawford

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: 350 psi Injection Zone: cattelman
Maximum Authorized Injection Rate: 50 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	40	340	0	0	31
February	72	340	0	0	28
March	85	340	0	0	31
April	55	340	0	0	30
May	82	340	0	0	31
June	120	340	0	0	30
July	155	340	0	0	31
August	145	340	0	0	30
September	140	340	0	0	30
October	75	340	0	0	31
November	120	340	0	0	30
December	45	340	0	0	31
TOTAL	1134		0		

Submitted Electronically