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 # 4448
Name: Perkins Oil Enterprises, Inc.
Address 1: PO BOX 707
Address 2:
City: HOWARD State: KS Zip: 67349 + 0707
Contact Person: JAMES R PERKINS
Phone: ( 620 ) 374-2133
Lease Name: CORY
Well Number: 8

API No.: 15-049-20190-00-01
Permit No: E31861.1
Reporting Year: 2018
*(January 1 to December 31)*

NW - NE - SW - SE Sec. 18 Twp. 30 S. R. 9 ☑ E ☐ W
*(Q/Q/Q/Q)*
1261 feet from ☐ N / ☑ S Line of Section
1750 feet from ☑ E / ☐ W Line of Section
County: Elk

**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: 100 psi Injection Zone: MISSISSIPPI
Maximum Authorized Injection Rate: 1000 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 | 0 | | 0 | | |
| February | 0 | | 0 | | |
| March | 0 | | 0 | | |
| April | 0 | | 0 | | |
| May | 0 | | 0 | | |
| June | 0 | | 0 | | |
| July | 0 | | 0 | | |
| August | 0 | | 0 | | |
| September | 0 | | 0 | | |
| October | 0 | | 0 | | |
| November | 0 | | 0 | | |
| December | 0 | | 0 | | |
| ***TOTAL*** | 0 | | 0 | | |

Submitted Electronically