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 # 5057
Name: Voigt Oil & Gas Co., Inc.
Address 1: 2193 14TH AVE
Address 2:
City: MCPHERSON State: KS Zip: 67460 + 8019
Contact Person: Richard H Voigt
Phone: (785) 227-5335
Lease Name: MARY KARBER A
Well Number: 2

API No.: 15-169-20214-00-00
Permit No: D22116.0
Reporting Year: 2018
(January 1 to December 31)

____ - SW - NW - SW Sec. 28 Twp. 16 S. R. 1 ☐ E ☑ W
(Q/Q/Q/Q)
1639 feet from ☐ N / ☑ S Line of Section
4959 feet from ☑ E / ☐ W Line of Section
County: Saline

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: 0 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 15000 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	10285	0	0	0	31
February	14980	0	0	0	28
March	24955	0	0	0	31
April	55831	0	0	0	30
May	57692	0	0	0	31
June	55831	0	0	0	30
July	42128	0	0	0	31
August	26051	0	0	0	31
September	12568	0	0	0	30
October	13247	0	0	0	31
November	12798	0	0	0	30
December	13247	0	0	0	31
TOTAL	339613		0		

Submitted Electronically