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 # 34239
Name: Thornberry Family Partnership Ltd.
Address 1: PO BOX 469
Address 2:
City: NEW WAVERLY State: TX Zip: 77358 + __ __ __ __
Contact Person: Leland Jackson
Phone: (936) 344-7000
Lease Name: COBB
Well Number: 4-W

API No.: 15-107-23312-00-01
Permit No: E29046.3
Reporting Year: 2018
(January 1 to December 31)

____ - SW - SE - NW Sec. 10 Twp. 23 S. R. 22 ☑ E ☐ W
(Q/Q/Q/Q)
3138 feet from ☐ N / ☑ S Line of Section
3719 feet from ☑ E / ☐ W Line of Section
County: Linn

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: 550 psi Injection Zone: BARTLESVILLE
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	310	400	0		31
February	280	400	0		28
March	310	400	0		31
April	300	400	0		30
May	310	400	0		31
June	300	400	0		30
July	310	400	0		31
August	310	400	0		31
September	300	400	0		30
October	310	400	0		31
November	300	400	0		30
December	310	400	0		31
TOTAL	3650		0		

Submitted Electronically