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 # 31826
Name: T & C Mfg. & Operating, Inc.
Address 1: 1020 HOOVER ST
Address 2: PO BOX 225
City: GREAT BEND State: KS Zip: 67530 + 3415
Contact Person: Patricia Scheck
Phone: (620) 793-5483
Lease Name: C R ACHESON
Well Number: 3

API No.: 15-065-01751-00-02
Permit No: D03474.0
Reporting Year: 2018
(January 1 to December 31)

____ - SE - SE - SE Sec. 14 Twp. 10 S. R. 21 ☐ E ☑ W
(Q/Q/Q/Q)
332 feet from ☐ N / ☑ S Line of Section
461 feet from ☑ E / ☐ W Line of Section
County: Graham

I. Injection Fluid:

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☑ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: 110000 mg/l Specific Gravity: ____ Additives: ____
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 100 psi Injection Zone: Arbuckle
Maximum Authorized Injection Rate: 8000 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	90024	0	0	0	31
February	62496	0	0	0	28
March	83328	0	0	0	31
April	66960	0	0	0	30
May	97464	0	0	0	31
June	80640	0	0	0	30
July	69192	0	0	0	31
August	83328	0	0	0	31
September	66960	0	0	0	30
October	104160	0	0	0	31
November	80640	0	0	0	30
December	62496	0	0	0	31
TOTAL	947688		0		

Submitted Electronically