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 # 33168
Name: Woolsey Operating Company, LLC
Address 1: 125 N MARKET STE 1000
Address 2:
City: WICHITA State: KS Zip: 67202 + 1729
Contact Person: DEBRA CLINGAN
Phone: ( 316 ) 267-4379
Lease Name: HARBAUGH SWD
Well Number: 1

API No.: 15-007-01016-00-03
Permit No: D28817.0
Reporting Year: 2018
*(January 1 to December 31)*

____ - NW - NW - NW Sec. 13 Twp. 34 S. R. 12 ☐ E ☑ W
*(Q/Q/Q/Q)*
5030 feet from ☐ N / ☑ S Line of Section
4989 feet from ☑ E / ☐ W Line of Section
County: Barber

**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: 5000 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 | 36641 | 0 | 0 | | 31 |
| February | 29672 | 0 | 0 | | 28 |
| March | 33626 | 0 | 0 | | 31 |
| April | 33907 | 0 | 0 | | 30 |
| May | 37781 | 0 | 0 | | 31 |
| June | 34873 | 0 | 0 | | 30 |
| July | 36834 | 0 | 0 | | 31 |
| August | 28190 | 0 | 0 | | 31 |
| September | 30412 | 0 | 0 | | 30 |
| October | 32018 | 0 | 0 | | 31 |
| November | 30612 | 0 | 0 | | 30 |
| December | 33560 | 0 | 0 | | 31 |
| ***TOTAL*** | 398126 | | 0 | | |

Submitted Electronically