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: BELL A SWD
Well Number: 3

API No.: 15-007-01659-00-01
Permit No: D27703.0
Reporting Year: 2018
(January 1 to December 31)

____ - NE - SW - NE Sec. 29 Twp. 33 S. R. 13 ☐ E ☑ W
(Q/Q/Q/Q)
3909 feet from ☐ N / ☑ S Line of Section
1387 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: 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	4395	0	0		31
February	4890	0	0		28
March	6271	0	0		31
April	6474	0	0		30
May	3858	0	0		31
June	4693	0	0		30
July	3143	0	0		31
August	3337	0	0		31
September	4620	0	0		30
October	2883	0	0		31
November	3089	0	0		30
December	3230	0	0		31
TOTAL	50883		0		

Submitted Electronically