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 # 34008
Name: Owens Petroleum LLC
Address 1: 1274 202ND RD
Address 2:
City: YATES CENTER State: KS Zip: 66783 + 5411
Contact Person: Jody Owens
Phone: (620) 625-3607
Lease Name: BEAMAN
Well Number: 2

API No.: 15-207-23548-00-00
Permit No: D21853.0
Reporting Year: 2018
(January 1 to December 31)

____ - NE - NE - SW Sec. 32 Twp. 23 S. R. 17 ☑ E ☐ W
(Q/Q/Q/Q)
4237 feet from ☐ N / ☑ S Line of Section
984 feet from ☑ E / ☐ W Line of Section
County: Woodson

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: 80 psi Injection Zone: Kansas City
Maximum Authorized Injection Rate: 12 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	31	50	0	0	31
February	28	50	0	0	28
March	31	50	0	0	31
April	30	50	0	0	30
May	31	50	0	0	31
June	30	50	0	0	30
July	31	50	0	0	31
August	31	50	0	0	31
September	30	50	0	0	30
October	31	50	0	0	31
November	30	50	0	0	30
December	31	50	0	0	31
TOTAL	365		0		

Submitted Electronically