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 # 4226
Name: Galemore, Matt dba Galemore Oil Co.
Address 1: 305 E. RUTLEDGE
Address 2:
City: YATES CENTER State: KS Zip: 66783 + __ __ __ __
Contact Person: matt galemore
Phone: ( 620 ) 625-3220
Lease Name: MCGAUGH
Well Number: 10

API No.: 15-205-22746-00-01
Permit No: E12901.13
Reporting Year: 2018
*(January 1 to December 31)*

____ - SE - NE - NE Sec. 23 Twp. 27 S. R. 15 ☑ E ☐ W
*(Q/Q/Q/Q)*
4455 feet from ☐ N / ☑ S Line of Section
330 feet from ☑ E / ☐ W Line of Section
County: Wilson

**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: 750 psi Injection Zone: CATTLEMAN SAND
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 | 20 | 200 | 0 | | 30 |
| February | 20 | 200 | 0 | | 28 |
| March | 30 | 200 | 0 | | 30 |
| April | 20 | 200 | 0 | | 30 |
| May | 20 | 200 | 0 | | 30 |
| June | 20 | 200 | 0 | | 30 |
| July | 20 | 200 | 0 | | 30 |
| August | 20 | 200 | 0 | | 30 |
| September | 20 | 200 | 0 | | 30 |
| October | 25 | 200 | 0 | | 30 |
| November | 20 | 200 | 0 | | 30 |
| December | 20 | 200 | 0 | | 30 |
| ***TOTAL*** | 255 | | 0 | | |

Submitted Electronically