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 # 34929
Name: Wynn-Crosby Operating, Ltd.
Address 1: 1601 BRYAN ST SUITE 4300
Address 2:
City: DALLAS State: TX Zip: 75201 + 5477
Contact Person: D. Wayne MacLeod
Phone: (972) 354-1423
Lease Name: SANTA FE TRAIL UNIT B
Well Number: 1 2

API No.: 15-129-00297-00-01
Permit No: E23270.1
Reporting Year: 2018
(January 1 to December 31)

____ - ____ - NE - SE Sec. 18 Twp. 33 S. R. 40 ☐ E ☑ W
(Q/Q/Q/Q)
1961 feet from ☐ N / ☑ S Line of Section
629 feet from ☑ E / ☐ W Line of Section
County: Morton

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: 1500 psi Injection Zone: MORROW
Maximum Authorized Injection Rate: 1500 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	0		0		
February	0		0		
March	0		0		
April	0		0		
May	0		0		
June	0		0		
July	0		0		
August	0		0		
September	0		0		
October	0		0		
November	0		0		
December	0		0		
TOTAL	0		0		

Submitted Electronically