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 # 6931
Name: Bowman Oil Company, a General Partnership
Address 1: 805 CODELL RD
Address 2:
City: CODELL State: KS Zip: 67663 + 8500
Contact Person: William F.Bowman / Donald A. Bowman
Phone: ( 785 ) 434-2286
Lease Name: STAMPER C
Well Number: 10

API No.: 15-163-22980-00-00
Permit No: D25323.0
Reporting Year: 2018
*(January 1 to December 31)*

____ - SW - SE - NW Sec. 33 Twp. 8 S. R. 17 ☐ E ☑ W
*(Q/Q/Q/Q)*
2979 feet from ☐ N / ☑ S Line of Section
3767 feet from ☑ E / ☐ W Line of Section
County: Rooks

**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: 400 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 0 *(Include TA's)*

**III.**

| Month: | Total Fluid Injected BBL | Maximum Fluid Pressure | Total Gas Injected MCF | Maximum Gas Pressure | # Days of Injection |
|---|---|---|---|---|---|
| January | 2651 | 0 | 0 | 0 | 31 |
| February | 2394 | 0 | 0 | 0 | 28 |
| March | 2651 | 0 | 0 | 0 | 31 |
| April | 2565 | 0 | 0 | 0 | 30 |
| May | 2651 | 0 | 0 | 0 | 31 |
| June | 2565 | 0 | 0 | 0 | 30 |
| July | 1604 | 0 | 0 | 0 | 18 |
| August | 2651 | 0 | 0 | 0 | 31 |
| September | 2565 | 0 | 0 | 0 | 30 |
| October | 2651 | 0 | 0 | 0 | 31 |
| November | 2565 | 0 | 0 | 0 | 30 |
| December | 2651 | 0 | 0 | 0 | 31 |
| ***TOTAL*** | 30164 | | 0 | | |

Submitted Electronically