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 # 3369
Name: W M Petroleum LLC
Address 1: 27064 309TH ROAD
Address 2:
City: CEDARVALE State: KS Zip: 67024 + __ __ __ __
Contact Person: Trey Clapp
Phone: (580) 761-1254
Lease Name: BYERS
Well Number: 7

API No.: 15-035-21992-00-02
Permit No: E30659.1
Reporting Year: 2018
(January 1 to December 31)

____ - SE - NE - SE Sec. 31 Twp. 33 S. R. 8 ☑ E ☐ W
(Q/Q/Q/Q)
1653 feet from ☐ N / ☑ S Line of Section
913 feet from ☑ E / ☐ W Line of Section
County: Cowley

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: 100 psi Injection Zone: ALTAMONT,PAWNEE
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	1000				31
February	850				28
March	1000				31
April	1000				30
May	1000				31
June	1000				30
July	1000				31
August	1000				31
September	1000				30
October	1000				31
November	1000				30
December	1000				31
TOTAL	11850		0		

Submitted Electronically