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 # 30796
Name: Woods, Kirk dba Woods Oil
Address 1: PO BOX 149
Address 2:
City: WINFIELD State: KS Zip: 67156 + 0149
Contact Person: Kirk Woods
Phone: (620) 222-1201
Lease Name: BOYLES
Well Number: 2

API No.: 15-035-19495-00-01
Permit No: E08938.1
Reporting Year: 2018
(January 1 to December 31)

NE - SE - NW - SW Sec. 11 Twp. 33 S. R. 3 ☑ E ☐ W
(Q/Q/Q/Q)
1682 feet from ☐ N / ☑ S Line of Section
4298 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: 150 psi Injection Zone: Bartlesville SS
Maximum Authorized Injection Rate: 500 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	5735	0	0	0	31
February	5180	0	0	0	28
March	5735	0	0	0	31
April	5550	0	0	0	30
May	5735	0	0	0	31
June	5550	0	0	0	30
July	5735	0	0	0	31
August	5735	0	0	0	31
September	5550	0	0	0	30
October	5735	0	0	0	31
November	5550	0	0	0	30
December	5735	0	0	0	31
TOTAL	67525		0		

Submitted Electronically