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 # 35174
Name: Fewins, Gary D.
Address 1: 4691 HAWAII RD.
Address 2:
City: MORAN State: KS Zip: 66755 + 4182
Contact Person: doug fewins
Phone: ( 620 ) 363-0594
Lease Name: GEORGE
Well Number: 11

API No.: 15-011-21250-00-01
Permit No: E24520.4
Reporting Year: 2018
*(January 1 to December 31)*

____ - NW - SE - NE Sec. 26 Twp. 26 S. R. 21 ☑ E ☐ W
*(Q/Q/Q/Q)*
3160 feet from ☐ N / ☑ S Line of Section
1112 feet from ☑ E / ☐ W Line of Section
County: Bourbon

**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: 300 psi Injection Zone: CATTLEMAN SAND
Maximum Authorized Injection Rate: 100 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 | 500 | 200 | 0 | 0 | 20 |
| February | 450 | 200 | 0 | 0 | 15 |
| March | 775 | 200 | 0 | 0 | 31 |
| April | 750 | 200 | 0 | 0 | 30 |
| May | 775 | 200 | 0 | 0 | 31 |
| June | 500 | 200 | 0 | 0 | 30 |
| July | 500 | 200 | 0 | 0 | 31 |
| August | 500 | 200 | 0 | 0 | 31 |
| September | 600 | 200 | 0 | 0 | 30 |
| October | 600 | 200 | 0 | 0 | 31 |
| November | 650 | 200 | 0 | 0 | 30 |
| December | 450 | 200 | 0 | 0 | 15 |
| ***TOTAL*** | 7050 | | 0 | | |

Submitted Electronically