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 # 35192
Name: Wilson Family Farms, Inc.
Address 1: 401 S. BUCKEYE
Address 2:
City: IOLA State: KS Zip: 66749 + __ __ __ __
Contact Person: Aileen Wilson
Phone: (620) 365-2129
Lease Name: WILSON
Well Number: H-3

API No.: 15-001-30289-00-00
Permit No: D31480.0
Reporting Year: 2018
(January 1 to December 31)

NW - SE - NW - NE Sec. 26 Twp. 24 S. R. 17 ☑ E ☐ W
(Q/Q/Q/Q)
681 feet from ☑ N / ☐ S Line of Section
3362 feet from ☐ E / ☑ W Line of Section
County: Allen

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: 250 psi Injection Zone: KANSAS CITY
Maximum Authorized Injection Rate: 750 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				
February	0				
March	0				
April	0				
May	0				
June	0				
July	0				
August	0				
September	0				
October	0				
November	0				
December	0				
TOTAL	0		0		

Submitted Electronically