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 # 32461
Name: Tailwater, Inc.
Address 1: 6421 AVONDALE DR STE 212
Address 2:
City: OKLAHOMA CITY State: OK Zip: 73116 + 6428
Contact Person: Stacey Martin
Phone: (405) 810-0900
Lease Name: WHITESIDE
Well Number: 8-IW

API No.: 15-003-25446-00-00
Permit No: E30287.91
Reporting Year: 2018
(January 1 to December 31)

____ - SW - SE - SW Sec. 22 Twp. 20 S. R. 20 ☑ E ☐ W
(Q/Q/Q/Q)
651 feet from ☐ N / ☑ S Line of Section
3518 feet from ☑ E / ☐ W Line of Section
County: Anderson

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: 500 psi Injection Zone: Squirrel
Maximum Authorized Injection Rate: 50 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	380	345	0	0	31
February	365	375	0	0	28
March	360	375	0	0	31
April	390	375	0	0	30
May	380	375	0	0	31
June	400	375	0	0	30
July	370	375	0	0	31
August	380	375	0	0	31
September	335	375	0	0	30
October	375	375	0	0	31
November	395	375	0	0	30
December	365	375	0	0	31
TOTAL	4495		0		

Submitted Electronically