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: 1-IW

API No.: 15-003-25439-00-00
Permit No: E30287.84
Reporting Year: 2018
(January 1 to December 31)

____ - SW - SW - NE Sec. 22 Twp. 20 S. R. 20 ☑ E ☐ W
(Q/Q/Q/Q)
1000 feet from ☐ N / ☑ S Line of Section
4080 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	355	370	0	0	31
February	390	395	0	0	28
March	380	395	0	0	31
April	370	395	0	0	30
May	395	395	0	0	31
June	360	395	0	0	30
July	400	395	0	0	31
August	365	395	0	0	31
September	355	395	0	0	30
October	360	395	0	0	31
November	365	395	0	0	30
December	390	395	0	0	31
TOTAL	4485		0		

Submitted Electronically