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 # 31902
Name: Holt, Carol
Address 1: 400 S 13TH ST
Address 2:
City: INDEPENDENCE State: KS Zip: 67301 + 4026
Contact Person: Tony Holt
Phone: (620) 330-0080
Lease Name: WORL
Well Number: 10

API No.: 15-125-25498-00-01
Permit No: E23106.1
Reporting Year: 2018
(January 1 to December 31)

____ - SE - NE - SW Sec. 10 Twp. 31 S. R. 15 ☑ E ☐ W
(Q/Q/Q/Q)
1441 feet from ☐ N / ☑ S Line of Section
3182 feet from ☑ E / ☐ W Line of Section
County: Montgomery

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: 350 psi Injection Zone: Peru
Maximum Authorized Injection Rate: 150 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	0	0	0	0	0
February	0	0	0	0	0
March	0	0	0	0	0
April	0	0	0	0	0
May	40	50	0	0	1
June	0	0	0	0	0
July	0	0	0	0	0
August	0	0	0	0	0
September	0	0	0	0	0
October	0	0	0	0	0
November	40	40	0	0	1
December	0	0	0	0	0
TOTAL	80		0		

Submitted Electronically