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 # 35717
Name: KLMKH Inc
Address 1: 11600 NORTH COMMUNITY HOUSE RD STE 200
Address 2:
City: CHARLOTTE State: NC Zip: 28277 + 1812
Contact Person: Reuben Burton
Phone: (704) 579-6771
Lease Name: BOWER
Well Number: 2

API No.: 15-087-20015-00-01
Permit No: D27468.0
Reporting Year: 2018
(January 1 to December 31)

____ - SE - SE - NE Sec. 5 Twp. 10 S. R. 20 ☑ E ☐ W
(Q/Q/Q/Q)
2988 feet from ☐ N / ☑ S Line of Section
325 feet from ☑ E / ☐ W Line of Section
County: Jefferson

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: 0 psi Injection Zone: HUNTON,BURLINGTON-KEOKUH
Maximum Authorized Injection Rate: 200 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