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 # 8490
Name: Keen, Dwight D. & Lenore M. dba Keen Oil Co
Address 1: # 1 TAM O SHANTER CT
Address 2:
City: WINFIELD State: KS Zip: 67156 + 6309
Contact Person: Lenore M Keen
Phone: (620) 221-6267
Lease Name: HARROLD
Well Number: 1 SWD

API No.: 15-019-19851-00-01
Permit No: E19254.1
Reporting Year: 2019
(January 1 to December 31)

SW - NE - SE - NE Sec. 19 Twp. 33 S. R. 12 ☑ E ☐ W
(Q/Q/Q/Q)
3352 feet from ☐ N / ☑ S Line of Section
368 feet from ☑ E / ☐ W Line of Section
County: Chautauqua

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: 300 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	250	245	0		22
February	240	240	0		25
March	260	240	0		28
April	255	250	0		24
May	240	240	0		26
June	245	240	0		24
July	265	255	0		27
August	260	250	0		28
September	240	245	0		24
October	245	240	0		23
November	250	245	0		27
December	260	250	0		29
TOTAL	3010		0		

Submitted Electronically