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 # 3167
Name: IGWT, Inc.
Address 1: P.O. BOX 550
Address 2:
City: ROSE HILL State: KS Zip: 67133 + 0550
Contact Person: KENTON HUPP
Phone: (316) 265-5800
Lease Name: EDMISTON
Well Number: 6

API No.: 15-015-40425-00-01
Permit No: D32651.0
Reporting Year: 2019
(January 1 to December 31)

W2 - NW - SE - NW Sec. 33 Twp. 25 S. R. 4 ☑ E ☐ W
(Q/Q/Q/Q)
3785 feet from ☐ N / ☑ S Line of Section
3936 feet from ☑ E / ☐ W Line of Section
County: Butler

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: 300 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 2000 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	1800	0			24
February	1680	0			28
March	1860	0			31
April	1800	0			30
May	2810	0			31
June	2280	0			30
July	4500	0			31
August	3802	0			31
September	3420	0			30
October	3040	0			31
November	2850	0			30
December	1860	0			31
TOTAL	31702		0		

Submitted Electronically