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 # 35535
Name: TexKan Resources, LLC
Address 1: PO BOX H
Address 2:
City: PLAINVILLE State: KS Zip: 67663 + 0240
Contact Person: Bill Robinson
Phone: (785) 688-4040
Lease Name: COX
Well Number: 2A

API No.: 15-065-19003-00-03
Permit No: D19256.0
Reporting Year: 2019
(January 1 to December 31)

____ - SW - NE - NW Sec. 33 Twp. 9 S. R. 21 ☐ E ☑ W
(Q/Q/Q/Q)
4329 feet from ☐ N / ☑ S Line of Section
3733 feet from ☑ E / ☐ W Line of Section
County: Graham

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: CEDAR HILLS
Maximum Authorized Injection Rate: 700 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	17001	0			31
February	16789	0			28
March	17555	0			31
April	17433	0			30
May	17001	0			31
June	17655	0			30
July	17453	0			31
August	16990	0			31
September	17015	0			30
October	17244	0			31
November	17390	0			30
December	17090	0			31
TOTAL	206616		0		

Submitted Electronically