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 # 33406
Name: Thomas Garner, Inc.
Address 1: 305 E 7TH
Address 2:
City: ST JOHN State: KS Zip: 67576 + 1652
Contact Person: Tom Garner
Phone: (620) 793-0766
Lease Name: ELWELL
Well Number: 2

API No.: 15-185-10421-00-01
Permit No: D23821.0
Reporting Year: 2019
(January 1 to December 31)

____ - SE - SW - NE Sec. 23 Twp. 24 S. R. 13 ☐ E ☑ W
(Q/Q/Q/Q)
3006 feet from ☐ N / ☑ S Line of Section
1373 feet from ☑ E / ☐ W Line of Section
County: Stafford

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: ARBUCKLE
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	1500				31
February	1500				28
March	1800				31
April	2000				30
May	2100				31
June	1600				30
July	2200				30
August	2200				31
September	2000				30
October	2100				31
November	2000				30
December	2000				31
TOTAL	23000		0		

Submitted Electronically