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 # 31160
Name: Phillips Exploration Company L.C.
Address 1: 211 CEDAR RIDGE CT
Address 2: PO BOX 850
City: ANDOVER State: KS Zip: 67002 + 0850
Contact Person: JB Phillips
Phone: (316) 636-2256
Lease Name: AMERINE
Well Number: 3

API No.: 15-095-20991-00-02
Permit No: D20576.0
Reporting Year: 2019
(January 1 to December 31)

____ - SW - SE - NW Sec. 7 Twp. 27 S. R. 9 ☐ E ☑ W
(Q/Q/Q/Q)
3038 feet from ☐ N / ☑ S Line of Section
3728 feet from ☑ E / ☐ W Line of Section
County: Kingman

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: 200 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 500 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	500	0	0	0	31
February	400	0	0	0	28
March	500	0	0	0	31
April	500	0	0	0	30
May	500	0	0	0	30
June	500	0	0	0	30
July	600	0	0	0	31
August	600	0	0	0	31
September	500	0	0	0	30
October	600	0	0	0	31
November	500	0	0	0	30
December	600	0	0	0	31
TOTAL	6300		0		

Submitted Electronically