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 # 34904
Name: Palmer Oil, Inc.
Address 1: 3118 N. CUMMINGS RD.
Address 2: PO BOX 399
City: GARDEN CITY State: KS Zip: 67846 + 0399
Contact Person: Kevin Wiles
Phone: (620) 275-2963
Lease Name: LINK
Well Number: 20-1 SWD

API No.: 15-129-21796-00-01
Permit No: D30484.0
Reporting Year: 2019
(January 1 to December 31)

NW - SW - NE - NE Sec. 20 Twp. 33 S. R. 39 ☐ E ☑ W
(Q/Q/Q/Q)
756 feet from ☑ N / ☐ S Line of Section
1120 feet from ☑ E / ☐ W Line of Section
County: Morton

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: 750 psi Injection Zone: Shawnee
Maximum Authorized Injection Rate: 5000 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	18445	0	0	0	31
February	16660	0	0	0	28
March	18445	0	0	0	31
April	17850	0	0	0	30
May	18445	0	0	0	31
June	17850	0	0	0	30
July	18445	0	0	0	31
August	18445	0	0	0	31
September	17850	0	0	0	30
October	18445	0	0	0	31
November	17850	0	0	0	30
December	18445	0	0	0	31
TOTAL	217175		0		

Submitted Electronically