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 # 9957
Name: Thomason Petroleum, Inc
Address 1: P.O. Box 875
Address 2: 1413 Washington Cir
City: HAYS State: KS Zip: 67601 + 0875
Contact Person: Steven L Thomason
Phone: (785) 625-9045
Lease Name: WHISMAN
Well Number: 1-V SWD

API No.: 15-163-20334-00-02
Permit No: D20294.0
Reporting Year: 2019
(January 1 to December 31)

____ - SW - NE - SW Sec. 9 Twp. 9 S. R. 20 ☐ E ☑ W
(Q/Q/Q/Q)
1652 feet from ☐ N / ☑ S Line of Section
3302 feet from ☑ E / ☐ W Line of Section
County: Rooks

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: 600 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	1860	0	0	0	31
February	1680	0	0	0	28
March	1860	0	0	0	31
April	1800	0	0	0	30
May	1860	0	0	0	31
June	1800	0	0	0	30
July	1860	0	0	0	31
August	1620	0	0	0	27
September	1800	0	0	0	30
October	1860	0	0	0	31
November	1800	0	0	0	30
December	1260	0	0	0	21
TOTAL	21060		0		

Submitted Electronically