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 # 4313
Name: Walker Tank Service, Inc
Address 1: 128 N. Garfield Ave.
Address 2: PO BOX 117
City: UTICA State: KS Zip: 67584 + 0117
Contact Person: Galen Walker
Phone: (785) 391-1017
Lease Name: CHIEF-MCMILLEN
Well Number: 1-36

API No.: 15-101-21454-00-00
Permit No: D25340.0
Reporting Year: 2019
(January 1 to December 31)

____ - SE - NE - SE Sec. 36 Twp. 19 S. R. 29 ☐ E ☑ W
(Q/Q/Q/Q)
1667 feet from ☐ N / ☑ S Line of Section
317 feet from ☑ E / ☐ W Line of Section
County: Lane

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: MISSISSIPPIAN
Maximum Authorized Injection Rate: 400 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	2645	0	0	0	31
February	2400	0	0	0	28
March	2580	0	0	0	31
April	3510	0	0	0	30
May	6386	0	0	0	31
June	2935	0	0	0	30
July	5049	0	0	0	31
August	7290	0	0	0	31
September	3981	0	0	0	30
October	1720	0	0	0	31
November	2810	0	0	0	30
December	3390	0	0	0	31
TOTAL	44696		0		

Submitted Electronically