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) 391-2408
Lease Name: WALKER
Well Number: 2

API No.: 15-135-22859-00-01
Permit No: D26040.0
Reporting Year: 2019
(January 1 to December 31)

NE - SW - NE - SE Sec. 14 Twp. 16 S. R. 26 ☐ E ☑ W
(Q/Q/Q/Q)
1839 feet from ☐ N / ☑ S Line of Section
814 feet from ☑ E / ☐ W Line of Section
County: Ness

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: 1000 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	12685	0	0	0	31
February	11608	0	0	0	28
March	11780	0	0	0	31
April	13680	0	0	0	30
May	13260	0	0	0	31
June	11625	0	0	0	30
July	11580	0	0	0	31
August	16894	0	0	0	31
September	14993	0	0	0	30
October	14620	0	0	0	27
November	12380	0	0	0	30
December	14130	0	0	0	31
TOTAL	159235		0		

Submitted Electronically