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 # 35526
Name: Kansas Gas Co., Inc.
Address 1: 14003 FM 1954
Address 2:
City: WICHITA FALLS State: TX Zip: 76310 + 0515
Contact Person: MIKE JONES
Phone: (918) 223-5174
Lease Name: CHARVAT L
Well Number: 2

API No.: 15-125-01643-00-00
Permit No: E20691.1
Reporting Year: 2019
(January 1 to December 31)

SE - NW - SW - SW Sec. 6 Twp. 34 S. R. 16 ☑ E ☐ W
(Q/Q/Q/Q)
667 feet from ☐ N / ☑ S Line of Section
4898 feet from ☑ E / ☐ W Line of Section
County: Montgomery

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: 85 psi Injection Zone: WAYSIDE
Maximum Authorized Injection Rate: 30 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	0				0
February	0				0
March	0				0
April	0				0
May	0				0
June	0				0
July	0				0
August	0				0
September	0				0
October	0				0
November	0				0
December	0				0
TOTAL	0		0		

Submitted Electronically