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 # 33215
Name: Taylor, Robert W. dba Taylor Oil Co.
Address 1: PO BOX 894
Address 2:
City: EL DORADO State: KS Zip: 67042 + 0894
Contact Person: ROBERT TAYLOR
Phone: (316) 321-0910
Lease Name: ROCK UNIT
Well Number: 1A

API No.: 15-035-21690-00-01
Permit No: E15895.1
Reporting Year: 2019
(January 1 to December 31)

S2 - NW - NE - SE Sec. 11 Twp. 30 S. R. 4 ☑ E ☐ W
(Q/Q/Q/Q)
2306 feet from ☐ N / ☑ S Line of Section
1155 feet from ☑ E / ☐ W Line of Section
County: Cowley

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: 500 psi Injection Zone: BARTLESVILLE
Maximum Authorized Injection Rate: 275 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			0
February	0	0			0
March	0	0			0
April	0	0			0
May	0	0			0
June	0	0			0
July	0	0			0
August	0	0			0
September	0	0			0
October	0	0			0
November	0	0			0
December	0	0			0
TOTAL	0		0		

Submitted Electronically