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 # 6239
Name: Zinszer Oil Co., Inc.
Address 1: PO BOX 211
Address 2:
City: HAYS State: KS Zip: 67601 + 0211
Contact Person: Perry Henman
Phone: (785) 625-9448
Lease Name: TORLINE A
Well Number: 2

API No.: 15-057-10007-00-01
Permit No: D18100.0
Reporting Year: 2019
(January 1 to December 31)

____ - NW - SE - SE Sec. 33 Twp. 25 S. R. 21 ☐ E ☑ W
(Q/Q/Q/Q)
816 feet from ☐ N / ☑ S Line of Section
675 feet from ☑ E / ☐ W Line of Section
County: Ford

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: 50 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	2573	0	0	0	31
February	2324	0	0	0	28
March	2573	0	0	0	31
April	2730	0	0	0	30
May	2821	0	0	0	31
June	2730	0	0	0	30
July	2821	0	0	0	31
August	2821	0	0	0	31
September	2730	0	0	0	30
October	2821	0	0	0	31
November	2790	0	0	0	30
December	2883	0	0	0	31
TOTAL	32617		0		

Submitted Electronically