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 # 33168
Name: Woolsey Operating Company, LLC
Address 1: 125 N MARKET STE 1000
Address 2:
City: WICHITA State: KS Zip: 67202 + 1729
Contact Person: DEBRA CLINGAN
Phone: ( 316 ) 267-4379
Lease Name: SWARTZ
Well Number: 2 SWD

API No.: 15-007-23495-00-01
Permit No: D30567.0
Reporting Year: 2019
*(January 1 to December 31)*

NE - NW - NE - NE Sec. 1 Twp. 34 S. R. 11 ☐ E ☑ W
*(Q/Q/Q/Q)*
5123 feet from ☐ N / ☑ S Line of Section
797 feet from ☑ E / ☐ W Line of Section
County: Barber

**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: ARBUCKLE
Maximum Authorized Injection Rate: 10000 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 | 92040 | 0 | 0 | | 31 |
| February | 90728 | 0 | 0 | | 28 |
| March | 105721 | 0 | 0 | | 31 |
| April | 96792 | 0 | 0 | | 30 |
| May | 96081 | 0 | 0 | | 31 |
| June | 97353 | 0 | 0 | | 30 |
| July | 96212 | 0 | 0 | | 31 |
| August | 92776 | 0 | 0 | | 31 |
| September | 86921 | 0 | 0 | | 30 |
| October | 103547 | 0 | 0 | | 31 |
| November | 102934 | 0 | 0 | | 30 |
| December | 94155 | 0 | 0 | | 31 |
| ***TOTAL*** | 1155260 | | 0 | | |

Submitted Electronically