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: CLARKE SWD
Well Number: 1

API No.: 15-007-22325-00-02
Permit No: D28492.0
Reporting Year: 2019
(January 1 to December 31)

____ - NW - NE - SW Sec. 8 Twp. 32 S. R. 12 ☐ E ☑ W
(Q/Q/Q/Q)
2249 feet from ☐ N / ☑ S Line of Section
3653 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: 5000 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	9346	0	0		31
February	6834	0	0		28
March	6008	0	0		31
April	5231	0	0		30
May	4849	0	0		31
June	5915	0	0		30
July	6168	0	0		31
August	6366	0	0		31
September	5185	0	0		30
October	5544	0	0		31
November	6262	0	0		30
December	5607	0	0		31
TOTAL	73315		0		

Submitted Electronically