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 # 6173
Name: Robinson, Scott dba Kansons Oil Co.
Address 1: 16500 HIGHWAY K31
Address 2:
City: HARVEYVILLE State: KS Zip: 66431 + 9354
Contact Person: Scott Robinson
Phone: (785) 589-2359
Lease Name: ROBINSON
Well Number: 3

API No.: 15-197-20105-00-00
Permit No: D20324.0
Reporting Year: 2019
(January 1 to December 31)

____ - NW - NW - SE Sec. 20 Twp. 14 S. R. 12 ☑ E ☐ W
(Q/Q/Q/Q)
2220 feet from ☐ N / ☑ S Line of Section
2316 feet from ☑ E / ☐ W Line of Section
County: Wabaunsee

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: 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	0	0	0	0	0
February	0	0	0	0	0
March	0	0	0	0	0
April	0	0	0	0	0
May	0	0	0	0	0
June	0	0	0	0	0
July	0	0	0	0	0
August	0	0	0	0	0
September	0	0	0	0	0
October	0	0	0	0	0
November	0	0	0	0	0
December	0	0	0	0	0
TOTAL	0		0		

Submitted Electronically