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 # 3661
Name: Groves, Phil dba Phil Groves Oil
Address 1: P. O.Box 571
Address 2: PO BOX 571
City: ARKANSAS CITY State: KS Zip: 67005 + 0571
Contact Person: Phil Groves
Phone: (620) 442-0480
Lease Name: FRANK DYAL
Well Number: 1A

API No.: 15-191-21692-00-01
Permit No: D25098.0
Reporting Year: 2019
(January 1 to December 31)

____ - SE - NE - NE Sec. 5 Twp. 35 S. R. 2 ☑ E ☐ W
(Q/Q/Q/Q)
4480 feet from ☐ N / ☑ S Line of Section
330 feet from ☑ E / ☐ W Line of Section
County: Sumner

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: LAYTON
Maximum Authorized Injection Rate: 200 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			
February	0				
March	110				1
April	0				
May	180				2
June	0				
July	350				4
August	350				4
September	360				4
October	160				2
November	0				
December	110				1
TOTAL	1620		0		

Submitted Electronically