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: 811 E MADISON AVE
Address 2: PO BOX 571
City: ARKANSAS CITY State: KS Zip: 67005 + 0571
Contact Person: Phil Groves
Phone: (620) 442-0480
Lease Name: CRAIN
Well Number: 11

API No.: 15-035-23730-00-01
Permit No: E26878.1
Reporting Year: 2019
(January 1 to December 31)

____ - SW - NE - NW Sec. 14 Twp. 34 S. R. 4 ☑ E ☐ W
(Q/Q/Q/Q)
4265 feet from ☐ N / ☑ S Line of Section
3947 feet from ☑ E / ☐ W Line of Section
County: Cowley

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: 200 psi Injection Zone: MISSISSIPPIAN
Maximum Authorized Injection Rate: 300 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	2920	0			31
February	2370				28
March	2915				31
April	2535				30
May	2370				27
June	1650				21
July	1150				18
August	2590				31
September	2535				30
October	1210				10
November	440				9
December	220				31
TOTAL	22905		0		

Submitted Electronically