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 # 6280
Name: HKW Oil Company, Inc.
Address 1: PO BOX 1851
Address 2:
City: SALINA State: KS Zip: 67402 + 1851
Contact Person: DUANE THIBAULT
Phone: (308) 380-9506
Lease Name: HERBEL
Well Number: 4

API No.: 15-167-22275-00-00
Permit No: D23030.0
Reporting Year: 2019
(January 1 to December 31)

____ - SE - NW - NW Sec. 19 Twp. 15 S. R. 12 ☐ E ☑ W
(Q/Q/Q/Q)
4290 feet from ☐ N / ☑ S Line of Section
4290 feet from ☑ E / ☐ W Line of Section
County: Russell

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: 100 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 500 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	1625	0	0		31
February	1585	0	0		28
March	1625	0	0		31
April	1600	0	0		30
May	1625	0	0		31
June	1625	0	0	0	30
July	1620	0	0	0	31
August	1630	0	0	0	31
September	1630	0	0	0	30
October	1635	0	0	0	31
November	1620	0	0	0	30
December	1575	0	0	0	31
TOTAL	19395		0		

Submitted Electronically