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 # 5488
Name: TWM Production Co., a General Partnership
Address 1: 1150 HWY 39
Address 2:
City: CHANUTE State: KS Zip: 66720 + 5215
Contact Person: Mike or Jennifer Wimsett
Phone: (620) 431-4137
Lease Name: W W GEFFERT
Well Number: 35(GEF-35)

API No.: 15-001-26009-00-01
Permit No: E26209.2
Reporting Year: 2019
(January 1 to December 31)

____ - NW - SW - SE Sec. 21 Twp. 26 S. R. 18 ☑ E ☐ W
(Q/Q/Q/Q)
964 feet from ☐ N / ☑ S Line of Section
2355 feet from ☑ E / ☐ W Line of Section
County: Allen

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: 500 psi Injection Zone: Bartlesville
Maximum Authorized Injection Rate: 150 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					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
TOTAL	0		0		

Submitted Electronically