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 # 33936
Name: Griffin, Charles N.
Address 1: PO BOX 347
Address 2:
City: PRATT State: KS Zip: 67124 + 0347
Contact Person: CHARLES GRIFFIN
Phone: (620) 672-9700
Lease Name: BOGGS C
Well Number: 24

API No.: 15-007-10004-00-02
Permit No: D10917.0
Reporting Year: 2019
(January 1 to December 31)

____ - SW - SE - SE Sec. 8 Twp. 33 S. R. 12 ☐ E ☑ W
(Q/Q/Q/Q)
340 feet from ☐ N / ☑ S Line of Section
903 feet from ☑ E / ☐ W Line of Section
County: Barber

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: 5000 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	35960	0	0		31
February	32480	0	0		28
March	29760	0	0		31
April	30300	0	0		30
May	29760	0	0		31
June	30300	0	0		30
July	33015	0	0		31
August	31465	0	0		31
September	28950	0	0		30
October	28365	0	0		31
November	27450	0	0		30
December	28365	0	0		31
TOTAL	366170		0		

Submitted Electronically