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 # 35399
Name: Wilson, J. W. dba DWARF Oil Company
Address 1: 714 HAMPTON PL
Address 2:
City: JOPLIN State: MO Zip: 64801 + 1011
Contact Person: Jordan Wilson
Phone: (918) 724-4637
Lease Name: CLARKSON 41
Well Number: 2

API No.: 15-125-27667-00-01
Permit No: E28632.1
Reporting Year: 2019
(January 1 to December 31)

____ - NW - SW - SW Sec. 27 Twp. 33 S. R. 15 ☑ E ☐ W
(Q/Q/Q/Q)
716 feet from ☐ N / ☑ S Line of Section
5142 feet from ☑ E / ☐ W Line of Section
County: Montgomery

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: 350 psi Injection Zone: WAYSIDE SAND
Maximum Authorized Injection Rate: 350 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	1195	300	0	0	31
February	1080	300	0	0	28
March	1194	300	0	0	31
April	1195	300	0	0	30
May	1199	300	0	0	31
June	1194	300	0	0	30
July	1193	300	0	0	31
August	1198	300	0	0	31
September	1191	300	0	0	30
October	1200	300	0	0	31
November	1190	300	0	0	30
December	1195	300	0	0	31
TOTAL	14224		0		

Submitted Electronically