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 # 33126
Name: VanRoyen Oil and Gas, L.L.C.
Address 1: 3519 W 44TH S
Address 2:
City: WICHITA State: KS Zip: 67217 + 3963
Contact Person: James Van Royen
Phone: (316) 554-1907
Lease Name: INGE
Well Number: 500 T 1

API No.: 15-049-21492-00-00
Permit No: D21883.0
Reporting Year: 2019
(January 1 to December 31)

____ - SW - SE - SE Sec. 34 Twp. 31 S. R. 12 ☑ E ☐ W
(Q/Q/Q/Q)
384 feet from ☐ N / ☑ S Line of Section
1281 feet from ☑ E / ☐ W Line of Section
County: Elk

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: OSWEGO,ARBUCKLE
Maximum Authorized Injection Rate: 500 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	0				
February	0				
March	0				
April	0				
May	0				
June	0				
July	0				
August	0				
September	0				
October	0				
November	0				
December	0				
TOTAL	0		0		

Submitted Electronically