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 # 33723
Name: Paul Bowman Oil Trust
Address 1: 606 CEDAR STREET
Address 2:
City: CODELL State: KS Zip: 67663 + 1000
Contact Person: Terri Bowman
Phone: (785) 434-2286
Lease Name: LYND B
Well Number: 4

API No.: 15-163-01704-00-02
Permit No: D25911.0
Reporting Year: 2019
(January 1 to December 31)

____ - SE - NE - SW Sec. 32 Twp. 9 S. R. 19 ☐ E ☑ W
(Q/Q/Q/Q)
1609 feet from ☐ N / ☑ S Line of Section
3130 feet from ☑ E / ☐ W Line of Section
County: Rooks

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: 0 psi Injection Zone: CEDAR HILLS
Maximum Authorized Injection Rate: 2000 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	32519	0	0	0	31
February	29372	0	0	0	28
March	32519	0	0	0	31
April	31470	0	0	0	30
May	32519	0	0	0	31
June	31470	0	0	0	30
July	32519	0	0	0	31
August	32519	0	0	0	31
September	31470	0	0	0	30
October	32519	0	0	0	31
November	31470	0	0	0	30
December	32519	0	0	0	31
TOTAL	382885		0		

Submitted Electronically