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 # 31514
Name: Thoroughbred Associates L.L.C.
Address 1: 8100 E 22ND ST STE 600
Address 2:
City: WICHITA State: KS Zip: 67226 + 2307
Contact Person: Bobby Patton
Phone: (316) 685-1512
Lease Name: STUDER A
Well Number: 2

API No.: 15-193-20210-00-01
Permit No: E30803.1
Reporting Year: 2019
(January 1 to December 31)

____ - ____ - NW - SE Sec. 33 Twp. 8 S. R. 36 ☐ E ☑ W
(Q/Q/Q/Q)
2005 feet from ☐ N / ☑ S Line of Section
1964 feet from ☑ E / ☐ W Line of Section
County: Thomas

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: 300 psi Injection Zone: LANSING-KANSAS CITY,JOHNSON
Maximum Authorized Injection Rate: 1000 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	3100	0	0		31
February	2800	0	0		28
March	3100	0	0		31
April	3000	0	0		30
May	3100	0	0		31
June	3000	0	0		30
July	3100	0	0		31
August	0	0	0		0
September	3000	0	0		30
October	3100	0	0		31
November	3000	0	0		30
December	3100	0	0		31
TOTAL	33400		0		

Submitted Electronically