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 # 6306
Name: Tom Brown Construction, Inc.
Address 1: 54921 RIVERVIEW DR
Address 2:
City: ASTOR State: FL Zip: 32102 + 2419
Contact Person: MARVA WALKER
Phone: (785) 452-8468
Lease Name: REDETZKE
Well Number: 2

API No.: 15-167-20411-00-01
Permit No: D15758.0
Reporting Year: 2019
(January 1 to December 31)

____ - SW - NW - SW Sec. 14 Twp. 15 S. R. 13 ☐ E ☑ W
(Q/Q/Q/Q)
1628 feet from ☐ N / ☑ S Line of Section
4831 feet from ☑ E / ☐ W Line of Section
County: Russell

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: 1000 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 1500 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	200		0	0	31
February	200	0	0	0	28
March	200	0	0	0	31
April	200	0	0	0	30
May	200	0	0	0	31
June	200	0	0	0	30
July	200	0	0	0	31
August	200	0	0	0	30
September	200	0	0	0	30
October	200	0	0	0	31
November	200	0	0	0	30
December	200	0	0	0	31
TOTAL	2400		0		

Submitted Electronically