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: JOHNSON
Well Number: 2

API No.: 15-169-00406-00-01
Permit No: D20529.0
Reporting Year: 2019
(January 1 to December 31)

____ - NW - NE - SE Sec. 8 Twp. 14 S. R. 2 ☐ E ☑ W
(Q/Q/Q/Q)
2302 feet from ☐ N / ☑ S Line of Section
995 feet from ☑ E / ☐ W Line of Section
County: Saline

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: 30 psi Injection Zone: HUNTON
Maximum Authorized Injection Rate: 1250 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	300	0	0	0	31
February	300	0	0	0	28
March	300	0	0	0	30
April	300			0	3
May	300	0	0	0	31
June	300	0	0	0	30
July	300	0	0	0	30
August	300	0	0	0	31
September	300	0	0	0	30
October	300	300	0	0	31
November	300	0	0	0	30
December	300	0	0	0	31
TOTAL	3600		0		

Submitted Electronically