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 # 5004
Name: Vincent Oil Corporation
Address 1: 200 W DOUGLAS AVE #725
Address 2:
City: WICHITA State: KS Zip: 67202 + 3023
Contact Person: Bryan Hills
Phone: (316) 262-3573
Lease Name: BEESLEY
Well Number: 1-30

API No.: 15-063-21084-00-02
Permit No: E31118.1
Reporting Year: 2019
(January 1 to December 31)

____ - NW - NE - NW Sec. 30 Twp. 14 S. R. 28 ☐ E ☑ W
(Q/Q/Q/Q)
4950 feet from ☐ N / ☑ S Line of Section
3630 feet from ☑ E / ☐ W Line of Section
County: Gove

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: PAWNEE,LANSING K
Maximum Authorized Injection Rate: 500 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	2325				31
February	2100				28
March	2325				31
April	2250				30
May	2325				31
June	1800				24
July	2325				31
August	0				0
September	0				0
October	2325				31
November	2250				30
December	2325				31
TOTAL	22350		0		

Submitted Electronically