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 # 4381
Name: Forbes, Patrick T.
Address 1: PO BOX 528
Address 2:
City: EUREKA State: KS Zip: 67045 + 0528
Contact Person: Forbes,Patrick T.
Phone: (620) 583-5217
Lease Name: CLOPTON
Well Number: W 1

API No.: 15-073-19353-00-00
Permit No: D11624.0
Reporting Year: 2019
(January 1 to December 31)

SW - NE - NW - SE Sec. 13 Twp. 22 S. R. 10 ☑ E ☐ W
(Q/Q/Q/Q)
2271 feet from ☐ N / ☑ S Line of Section
1675 feet from ☑ E / ☐ W Line of Section
County: Greenwood

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: 500 psi Injection Zone: DOUGLAS
Maximum Authorized Injection Rate: 165 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	800	150	0		14
February	1000	150	0		18
March	1500	150	0		30
April	1500	150	0		30
May	1500	150	0		31
June	800	150	0		12
July	1500	150	0		31
August	1500	150	0		31
September	1500	150	0		30
October	400	150	0		8
November	1500	150	0		30
December	1500	150	0		31
TOTAL	15000		0		

Submitted Electronically