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 # 34618
Name: Four Corners Oil, LLC
Address 1: PO BOX 638
Address 2:
City: WELLSVILLE State: KS Zip: 66092 + 0638
Contact Person: Ray Groshong
Phone: (913) 238-7420
Lease Name: GROSHONG
Well Number: I-5

API No.: 15-059-26197-00-00
Permit No: E31614.1
Reporting Year: 2019
(January 1 to December 31)

____ - NE - NE - SE Sec. 23 Twp. 15 S. R. 20 ☑ E ☐ W
(Q/Q/Q/Q)
2278 feet from ☐ N / ☑ S Line of Section
395 feet from ☑ E / ☐ W Line of Section
County: Franklin

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: MISSISSIPPIAN
Maximum Authorized Injection Rate: 100 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	920	0	0	0	31
February	831	0	0	0	29
March	923	0	0	0	31
April	861	0	0	0	30
May	918	0	0	0	31
June	870	0	0	0	30
July	925	0	0	0	31
August	920	0	0	0	31
September	860	0	0	0	30
October	895	0	0	0	31
November	870	0	0	0	30
December	880	0	0	0	31
TOTAL	10673		0		

Submitted Electronically