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 # 30796
Name: Woods, Kirk dba Woods Oil
Address 1: PO BOX 149
Address 2:
City: WINFIELD State: KS Zip: 67156 + 0149
Contact Person: Kirk Woods
Phone: (620) 222-1201
Lease Name: ELDER
Well Number: B 2

API No.: 15-035-00163-00-01
Permit No: D19298.0
Reporting Year: 2019
(January 1 to December 31)

____ - SE - SW - NE Sec. 4 Twp. 32 S. R. 3 ☑ E ☐ W
(Q/Q/Q/Q)
3031 feet from ☐ N / ☑ S Line of Section
1691 feet from ☑ E / ☐ W Line of Section
County: Cowley

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: 0 psi Injection Zone: STALNAKER
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	1550	0	0	0	31
February	1400	0	0	0	28
March	1550	0	0	0	31
April	1500	0	0	0	30
May	1550	0	0	0	31
June	1500	0	0	0	30
July	1550	0	0	0	31
August	1550	0	0	0	31
September	1500	0	0	0	30
October	1550	0	0	0	31
November	1500	0	0	0	30
December	1550	0	0	0	31
TOTAL	18250		0		

Submitted Electronically