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 # 4085
Name: King, Tom dba King Energy Co.
Address 1: 2 TIMBER DR
Address 2:
City: IOLA State: KS Zip: 66749 + 1608
Contact Person: Tom King
Phone: (620) 496-7052
Lease Name: WILSON
Well Number: 1 WI

API No.: 15-011-20380-00-01
Permit No: E24692.1
Reporting Year: 2019
(January 1 to December 31)

N2 - NE - SW - SW Sec. 26 Twp. 24 S. R. 21 ☑ E ☐ W
(Q/Q/Q/Q)
1150 feet from ☐ N / ☑ S Line of Section
4290 feet from ☑ E / ☐ W Line of Section
County: Bourbon

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: 380 psi Injection Zone: Bartlesville
Maximum Authorized Injection Rate: 200 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	144	60			29
February	128	60			26
March	160	60			31
April	100	40			12
May	120	60			30
June	124	60			30
July	130	60			31
August	146	60			31
September	150	60			30
October	155	60			31
November	150	60			30
December	150	60			30
TOTAL	1657		0		

Submitted Electronically