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: MORPHEW
Well Number: 4-33

API No.: 15-065-23209-00-01
Permit No: E32546.1
Reporting Year: 2020
(January 1 to December 31)

____ - SW - SW - SE Sec. 33 Twp. 7 S. R. 22 ☐ E ☑ W
(Q/Q/Q/Q)
400 feet from ☐ N / ☑ S Line of Section
2050 feet from ☑ E / ☐ W Line of Section
County: Graham

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: LANSING-KANSAS CITY
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	3875				31
February	3625				29
March	3875				31
April	3750				30
May	3875				31
June	3750				30
July	3875				31
August	1550				31
September	1500				30
October	1550				31
November	1500				30
December	1550				31
TOTAL	34275		0		

Submitted Electronically