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: BEESLEY
Well Number: 1-30

API No.: 15-063-21084-00-02
Permit No: E31118.1
Reporting Year: 2020
*(January 1 to December 31)*

____ - NW - NE - NW Sec. 30 Twp. 14 S. R. 28 ☐ E ☑ W
*(Q/Q/Q/Q)*
4950 feet from ☐ N / ☑ S Line of Section
3630 feet from ☑ E / ☐ W Line of Section
County: Gove

**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: 1000 psi Injection Zone: PAWNEE,LANSING K
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 | 2325 | | | | 31 |
| February | 2175 | | | | 29 |
| March | 2325 | | | | 31 |
| April | 2250 | | | | 30 |
| May | 0 | | | | 0 |
| June | 0 | | | | 0 |
| July | 0 | | | | 0 |
| August | 0 | | | | 0 |
| September | 0 | | | | 0 |
| October | 0 | | | | 0 |
| November | 0 | | | | 0 |
| December | 0 | | | | 0 |
| ***TOTAL*** | 9075 | | 0 | | |

Submitted Electronically