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 # 34239
Name: Thornberry Family Partnership Ltd.
Address 1: PO BOX 469
Address 2:
City: NEW WAVERLY State: TX Zip: 77358 + 0469
Contact Person: Leland Jackson
Phone: ( 620 ) 363-0492
Lease Name: COBB
Well Number: 3-W

API No.: 15-107-23310-00-01
Permit No: E29046.2
Reporting Year: 2020
*(January 1 to December 31)*

____ - NW - SE - NW Sec. 10 Twp. 23 S. R. 22 ☑ E ☐ W
*(Q/Q/Q/Q)*
3491 feet from ☐ N / ☑ S Line of Section
3447 feet from ☑ E / ☐ W Line of Section
County: Linn

**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: 550 psi Injection Zone: BARTLESVILLE
Maximum Authorized Injection Rate: 50 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 | 310 | 400 | 0 | 0 | 31 |
| February | 290 | 400 | 0 | 0 | 29 |
| March | 310 | 400 | 0 | 0 | 31 |
| April | 300 | 400 | 0 | 0 | 30 |
| May | 310 | 400 | 0 | 0 | 31 |
| June | 300 | 400 | 0 | 0 | 30 |
| July | 310 | 400 | 0 | 0 | 31 |
| August | 310 | 400 | 0 | 0 | 31 |
| September | 300 | 400 | 0 | 0 | 30 |
| October | 310 | 400 | 0 | 0 | 31 |
| November | 300 | 400 | 0 | 0 | 30 |
| December | 310 | 400 | 0 | 0 | 31 |
| ***TOTAL*** | 3660 | | 0 | | |

Submitted Electronically