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 # 9957
Name: Thomason Petroleum, Inc
Address 1: P.O. Box 875
Address 2: 1413 Washington Cir
City: HAYS State: KS Zip: 67601 + 0875
Contact Person: Steven L Thomason
Phone: (785) 625-9045
Lease Name: WALLACE
Well Number: 2

API No.: 15-163-22372-00-00
Permit No: D23438.0
Reporting Year: 2020
(January 1 to December 31)

____ - SW - SW - SE Sec. 14 Twp. 7 S. R. 19 ☐ E ☑ W
(Q/Q/Q/Q)
330 feet from ☐ N / ☑ S Line of Section
2310 feet from ☑ E / ☐ W Line of Section
County: Rooks

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: ARBUCKLE,GRANIT WASH
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	930	0	0	0	31
February	870	0	0	0	29
March	720	0	0	0	24
April	660	0	0	0	21
May	930	0	0	0	31
June	900	0	0	0	30
July	930	0	0	0	31
August	750	0	0	0	25
September	900	0	0	0	30
October	930	0	0	0	31
November	900	0	0	0	30
December	930	0	0	0	31
TOTAL	10350		0		

Submitted Electronically