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 # 34012
Name: Thomsen Brothers Co., LLC
Address 1: BOX 20
Address 2:
City: LAMONT State: KS Zip: 66855 + 0020
Contact Person: Darrell Thomsen
Phone: (620) 427-4431
Lease Name: HESSLER
Well Number: 32

API No.: 15-073-21914-00-01
Permit No: D20240.0
Reporting Year: 2020
(January 1 to December 31)

____ - SE - NE - NW Sec. 34 Twp. 22 S. R. 13 ☑ E ☐ W
(Q/Q/Q/Q)
4557 feet from ☐ N / ☑ S Line of Section
3343 feet from ☑ E / ☐ W Line of Section
County: Greenwood

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: 100 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 1000 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	3800	0	0		31
February	3500	0	0		29
March	3800	0	0		31
April	3800	0	0		30
May	3800	0	0		31
June	3800	0	0		30
July	3800	0	0		31
August	3800	0	0		31
September	3800	0	0		30
October	3800	0	0		31
November	3800	0	0		30
December	3800	0	0		31
TOTAL	45300		0		

Submitted Electronically