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 # 35117
Name: Poverty Knob Production, LLC
Address 1: 39395 W 351ST ST.
Address 2:
City: OSAWATOMIE State: KS Zip: 66064 + 4214
Contact Person: RANDY/MISTY KITCHEN
Phone: (913) 731-8367
Lease Name: KITCHEN
Well Number: 1-W

API No.: 15-121-31581-00-00
Permit No: E32643.4
Reporting Year: 2020
(January 1 to December 31)

____ - NW - SW - NW Sec. 7 Twp. 18 S. R. 22 ☑ E ☐ W
(Q/Q/Q/Q)
3586 feet from ☐ N / ☑ S Line of Section
4489 feet from ☑ E / ☐ W Line of Section
County: Miami

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: SQUIRREL SAND
Maximum Authorized Injection Rate: 30 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 8 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	300	120			31
February	320	130			29
March	330	130			31
April	300	135			30
May	290	130			31
June	280	140			30
July	300	150			31
August	250	130			31
September	220	160			30
October	240	150			31
November	200	150			30
December	210	160			31
TOTAL	3240		0		

Submitted Electronically