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 # 3661
Name: Groves, Phil dba Phil Groves Oil
Address 1: 811 E MADISON AVE
Address 2: PO BOX 571
City: ARKANSAS CITY State: KS Zip: 67005 + 0571
Contact Person: Phil Groves
Phone: ( 620 ) 442-0480
Lease Name: CRAIN
Well Number: 11

API No.: 15-035-23730-00-01
Permit No: E26878.1
Reporting Year: 2020
*(January 1 to December 31)*

____ - SW - NE - NW Sec. 14 Twp. 34 S. R. 4 ☑ E ☐ W
*(Q/Q/Q/Q)*
4265 feet from ☐ N / ☑ S Line of Section
3947 feet from ☑ E / ☐ W Line of Section
County: Cowley

**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: 200 psi Injection Zone: MISSISSIPPIAN
Maximum Authorized Injection Rate: 300 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 | 2080 | 0 | | | 31 |
| February | 2300 | 0 | | | 28 |
| March | 2020 | 0 | | | 31 |
| April | 2235 | 0 | | | 30 |
| May | 1615 | 0 | | | 24 |
| June | 1530 | 0 | | | 21 |
| July | 2750 | 0 | | | 31 |
| August | 2245 | 0 | | | 31 |
| September | 1710 | 0 | | | 25 |
| October | 2105 | 0 | | | 31 |
| November | 4375 | 0 | | | 30 |
| December | 3650 | 0 | | | 31 |
| ***TOTAL*** | 28615 | | 0 | | |

Submitted Electronically