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 # 4017
Name: Twin Valley Enterprises, Inc.
Address 1: 5816 CR 3300
Address 2:
City: INDEPENDENCE State: KS Zip: 67301 + 7978
Contact Person: Dale Springer
Phone: (620) 331-4036
Lease Name: HUGHES
Well Number: 1-15

API No.: 15-125-21634-00-01
Permit No: D28113.0
Reporting Year: 2020
(January 1 to December 31)

____ - NE - NE - SW Sec. 15 Twp. 31 S. R. 15 ☑ E ☐ W
(Q/Q/Q/Q)
2333 feet from ☐ N / ☑ S Line of Section
2967 feet from ☑ E / ☐ W Line of Section
County: Montgomery

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: 250 psi Injection Zone: TUCKER
Maximum Authorized Injection Rate: 100 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	70	20	0		6
February	60	20	0		5
March	50	20	0		4
April	45	20	0		3
May	20	20	0		2
June	10	20	0		1
July	10	20	0		1
August	10	20	0		1
September	25	20	0		2
October	40	20	0		3
November	50	20	0		4
December	70	20	0		5
TOTAL	460		0		

Submitted Electronically