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 # 33723
Name: Paul Bowman Oil Trust
Address 1: 606 CEDAR STREET
Address 2:
City: CODELL State: KS Zip: 67663 + 1000
Contact Person: Terrii Bowman Collins
Phone: (785) 434-2286
Lease Name: DICK
Well Number: 3

API No.: 15-163-00610-00-01
Permit No: D30024.0
Reporting Year: 2020
(January 1 to December 31)

W2 - NE - NE - SW Sec. 8 Twp. 10 S. R. 19 ☐ E ☑ W
(Q/Q/Q/Q)
2335 feet from ☐ N / ☑ S Line of Section
2962 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: GRANIT WASH
Maximum Authorized Injection Rate: 1500 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	5648	0	0	0	31
February	5284	0	0	0	29
March	5648	0	0	0	31
April	5466	0	0	0	30
May	5648	0	0	0	31
June	5398	0	0	0	30
July	5443	0	0	0	31
August	5648	0	0	0	31
September	5466	0	0	0	30
October	5648	0	0	0	31
November	5466	0	0	0	30
December	5648	0	0	0	31
TOTAL	66411		0		

Submitted Electronically