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 # 31514
Name: Thoroughbred Associates L.L.C.
Address 1: 8100 E 22ND ST STE 600
Address 2:
City: WICHITA State: KS Zip: 67226 + 2307
Contact Person: Bobby Patton
Phone: (316) 685-1512
Lease Name: ALLEN
Well Number: SWDW

API No.: 15-185-12403-00-01
Permit No: D27525.0
Reporting Year: 2020
(January 1 to December 31)

____ - NE - SE - NW Sec. 1 Twp. 24 S. R. 12 ☐ E ☑ W
(Q/Q/Q/Q)
3665 feet from ☐ N / ☑ S Line of Section
2966 feet from ☑ E / ☐ W Line of Section
County: Stafford

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: 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	3100	0	0		31
February	2800	0	0	0	28
March	3100	0	0	0	31
April	3000	0	0	0	30
May	3100	0	0	0	31
June	3000	0	0	0	30
July	3100	0	0	0	31
August	3100	0	0	0	31
September	3000	0	0	0	30
October	3100	0	0	0	31
November	3000	0	0	0	30
December	3100	0	0	0	31
TOTAL	36500		0		

Submitted Electronically