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 # 3585
Name: Weber Four Oil Co., Inc.
Address 1: 2136 NE 90 AVE
Address 2:
City: HOISINGTON State: KS Zip: 67544 + 9244
Contact Person: NR Weber
Phone: (620) 587-3539
Lease Name: HOLDER A
Well Number: 4

API No.: 15-009-15751-00-01
Permit No: D23195.0
Reporting Year: 2020
(January 1 to December 31)

____ - SE - NW - SE Sec. 12 Twp. 16 S. R. 12 ☐ E ☑ W
(Q/Q/Q/Q)
1641 feet from ☐ N / ☑ S Line of Section
1791 feet from ☑ E / ☐ W Line of Section
County: Barton

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: 600 psi Injection Zone: GRANIT WASH
Maximum Authorized Injection Rate: 3000 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	2015	0	0		31
February	1885	0	0		29
March	1885	0	0		31
April	1950	0	0		30
May	2015	0	0		31
June	1950	0	0		30
July	2015	0	0		31
August	2015	0	0		31
September	1950	0	0		30
October	2015	0	0		31
November	1950	0	0		30
December	2015	0	0		31
TOTAL	23660		0		

Submitted Electronically