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: BECKER B
Well Number: 2

API No.: 15-063-20032-00-02
Permit No: D23138.0
Reporting Year: 2020
*(January 1 to December 31)*

____ - NE - NW - NE Sec. 34 Twp. 15 S. R. 27 ☐ E ☑ W
*(Q/Q/Q/Q)*
4715 feet from ☐ N / ☑ S Line of Section
1908 feet from ☑ E / ☐ W Line of Section
County: Gove

**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: CEDAR HILLS
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 | 397 | 0 | 0 | 0 | 31 |
| February | 358 | 0 | 0 | 0 | 28 |
| March | 397 | 0 | 0 | 0 | 31 |
| April | 384 | 0 | 0 | 0 | 30 |
| May | 397 | 0 | 0 | 0 | 31 |
| June | 384 | 0 | 0 | 0 | 30 |
| July | 397 | 0 | 0 | 0 | 31 |
| August | 397 | 0 | 0 | 0 | 31 |
| September | 384 | 0 | 0 | 0 | 30 |
| October | 359 | 0 | 0 | 0 | 28 |
| November | 384 | 0 | 0 | 0 | 30 |
| December | 397 | 0 | 0 | 0 | 31 |
| ***TOTAL*** | 4635 | | 0 | | |

Submitted Electronically