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: BUSS C
Well Number: 6

API No.: 15-065-22139-00-00
Permit No: D24221.0
Reporting Year: 2020
(January 1 to December 31)

NE - SE - SW - NE Sec. 13 Twp. 9 S. R. 22 ☐ E ☑ W
(Q/Q/Q/Q)
3273 feet from ☐ N / ☑ S Line of Section
1543 feet from ☑ E / ☐ W Line of Section
County: Graham

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: 100 psi Injection Zone: ARBUCKLE,GRANIT WASH
Maximum Authorized Injection Rate: 8000 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	35836	0	0	0	31
February	33524	0	0	0	29
March	35836	0	0	0	31
April	34680	0	0	0	30
May	35836	0	0	0	31
June	34680	0	0	0	30
July	35836	0	0	0	31
August	35836	0	0	0	31
September	34680	0	0	0	30
October	26200	0	0	0	31
November	34680	0	0	0	30
December	35836	0	0	0	31
TOTAL	413460		0		

Submitted Electronically