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 # 33168
Name: Woolsey Operating Company, LLC
Address 1: 125 N MARKET STE 1000
Address 2:
City: WICHITA State: KS Zip: 67202 + 1729
Contact Person: DEBRA CLINGAN
Phone: (316) 267-4379
Lease Name: HARBAUGH SWD
Well Number: 1

API No.: 15-007-01016-00-03
Permit No: D28817.0
Reporting Year: 2020
(January 1 to December 31)

____ - NW - NW - NW Sec. 13 Twp. 34 S. R. 12 ☐ E ☑ W
(Q/Q/Q/Q)
5030 feet from ☐ N / ☑ S Line of Section
4989 feet from ☑ E / ☐ W Line of Section
County: Barber

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: 5000 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	32955	0	0		31
February	29390	0	0		29
March	31114	0	0		31
April	25450	0	0		30
May	24116	0	0		31
June	26561	0	0		30
July	30019	0	0		31
August	28298	0	0		31
September	26409	0	0		30
October	24755	0	0		31
November	22125	0	0		30
December	17437	0	0		31
TOTAL	318629		0		

Submitted Electronically