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 # 32025
Name: Greenwood Resources L.L.C.
Address 1: PO BOX 847
Address 2:
City: PRATT State: KS Zip: 67124 + 0847
Contact Person: Kenneth C Gates
Phone: (620) 672-2531
Lease Name: MCGILVRAY A
Well Number: AW 4

API No.: 15-073-19388-00-01
Permit No: E02466.11
Reporting Year: 2020
(January 1 to December 31)

____ - NW - SW - SW Sec. 9 Twp. 23 S. R. 11 ☑ E ☐ W
(Q/Q/Q/Q)
984 feet from ☐ N / ☑ S Line of Section
5000 feet from ☑ E / ☐ W Line of Section
County: Greenwood

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: 1200 psi Injection Zone: BARTLESVILLE
Maximum Authorized Injection Rate: 500 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	3317	0	0	0	31
February	3103	0	0	0	29
March	3317	0	0	0	31
April	3210	0	0	0	30
May	3317	0	0	0	31
June	3210	0	0	0	30
July	3317	0	0	0	31
August	3317	0	0	0	31
September	3210	0	0	0	30
October	3317	0	0	0	31
November	3210	0	0	0	30
December	3317	0	0	0	31
TOTAL	39162		0		

Submitted Electronically