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 # 31794
Name: Gilliland, Anthony L.
Address 1: 326 S 100TH
Address 2:
City: EDWARDSVILLE State: KS Zip: 66111 + 1424
Contact Person: Anthony L Gilliland
Phone: (913) 441-2728
Lease Name: FOWLER
Well Number: 3

API No.: 15-015-19738-00-01
Permit No: E13161.1
Reporting Year: 2020
(January 1 to December 31)

____ - NW - SW - SE Sec. 1 Twp. 26 S. R. 4 ☑ E ☐ W
(Q/Q/Q/Q)
990 feet from ☐ N / ☑ S Line of Section
2310 feet from ☑ E / ☐ W Line of Section
County: Butler

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: 1500 psi Injection Zone: KANSAS CITY
Maximum Authorized Injection Rate: 1500 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	5500	150	0	0	31
February	4200	160	0	0	28
March	5200	180	0	0	30
April	5500	170	0	0	30
May	6200	190	0	0	30
June	5800	170	0	0	29
July	4500	160	0	0	30
August	3800	170	0	0	30
September	3200	145	0	0	28
October	4500	145	0	0	30
November	3800	150	0	0	29
December	4200	115	0	0	31
TOTAL	56400		0		

Submitted Electronically