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 # 4085
Name: King, Tom dba King Energy Co.
Address 1: 2 TIMBER DR
Address 2:
City: IOLA State: KS Zip: 66749 + 1608
Contact Person: Tom King
Phone: (620) 496-7052
Lease Name: STANDFIELD
Well Number: I 1

API No.: 15-133-20419-00-00
Permit No: E21005.1
Reporting Year: 2020
(January 1 to December 31)

____ - ____ - ____ - NW Sec. 19 Twp. 27 S. R. 19 ☑ E ☐ W
(Q/Q/Q/Q)
3000 feet from ☐ N / ☑ S Line of Section
3630 feet from ☑ E / ☐ W Line of Section
County: Neosho

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: 300 psi Injection Zone: BARTLESVILLE
Maximum Authorized Injection Rate: 60 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	0	0			0
February	0	0			0
March	50	50			8
April	100	100			30
May	110	100			31
June	120	110			30
July	100	100			28
August	0	0			0
September	0	0			0
October	0	0			0
November	20	60			5
December	0	0			0
TOTAL	500		0		

Submitted Electronically