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: NEWBY
Well Number: D-2

API No.: 15-207-26330-00-00
Permit No: D27212.0
Reporting Year: 2020
(January 1 to December 31)

SW - SW - SW - SE Sec. 5 Twp. 24 S. R. 16 ☑ E ☐ W
(Q/Q/Q/Q)
154 feet from ☐ N / ☑ S Line of Section
2428 feet from ☑ E / ☐ W Line of Section
County: Woodson

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: KANSAS CITY
Maximum Authorized Injection Rate: 100 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	445	0			31
February	300	0			20
March	450	0			31
April	440	0			30
May	450	0			31
June	410	0			30
July	420	0			31
August	430	0			31
September	420	0			30
October	440	0			31
November	400	0			30
December	350	0			31
TOTAL	4955		0		

Submitted Electronically