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 # 5993
Name: KBW Oil & Gas Company
Address 1: 101 S. 5TH
Address 2: P. O. BOX 124
City: KIOWA State: KS Zip: 67070 + 0124
Contact Person: Ron Molz
Phone: (620) 825-4030
Lease Name: HARMON
Well Number: 1

API No.: 15-033-20327-00-01
Permit No: D22304.0
Reporting Year: 2020
(January 1 to December 31)

____ - SE - NW - NW Sec. 11 Twp. 33 S. R. 20 ☐ E ☑ W
(Q/Q/Q/Q)
3984 feet from ☐ N / ☑ S Line of Section
3966 feet from ☑ E / ☐ W Line of Section
County: Comanche

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: 500 psi Injection Zone: ARBUCKLE,SIMPSON,VIOLA
Maximum Authorized Injection Rate: 2500 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	5614	0	0	0	31
February	3807	0	0	0	29
March	3886	0	0	0	31
April	3398	0	0	0	30
May	3119	0	0	0	31
June	3258	0	0	0	30
July	5513	0	0	0	31
August	4358	0	0	0	31
September	3247	0	0	0	30
October	3763	0	0	0	31
November	4524	0	0	0	30
December	4621	0	0	0	31
TOTAL	49108		0		

Submitted Electronically