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 # 5631
Name: Loewen Operator, Inc.
Address 1: 208 S MAIN
Address 2: PO BOX 335
City: CANTON State: KS Zip: 67428 + 0335
Contact Person: DOUGLAS D LOEWEN
Phone: (620) 628-4425
Lease Name: BOYD
Well Number: 1

API No.: 15-113-02169-00-01
Permit No: E03219.1
Reporting Year: 2020
(January 1 to December 31)

____ - SW - SE - SW Sec. 20 Twp. 17 S. R. 1 ☐ E ☑ W
(Q/Q/Q/Q)
350 feet from ☐ N / ☑ S Line of Section
3402 feet from ☑ E / ☐ W Line of Section
County: McPherson

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: 250 psi Injection Zone: MISSISSIPPIAN CHAT
Maximum Authorized Injection Rate: 750 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	8680	0	0		31
February	8120	0	0		29
March	8680	0	0		31
April	8400	0	0		30
May	0	0	0		0
June	0	0	0		0
July	0	0	0		0
August	0	0	0		0
September	0	0	0		0
October	0	0	0		0
November	3900	0	0		30
December	4030	0	0		31
TOTAL	41810		0		

Submitted Electronically