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 # 4226
Name: Galemore, Matt dba Galemore Oil Co.
Address 1: 305 E. RUTLEDGE ST
Address 2:
City: YATES CENTER State: KS Zip: 66783 + 1431
Contact Person: matt galemore
Phone: (620) 625-3220
Lease Name: SCOTT
Well Number: 22

API No.: 15-205-25050-00-01
Permit No: E12901.17
Reporting Year: 2020
(January 1 to December 31)

____ - NW - SW - NW Sec. 13 Twp. 27 S. R. 15 ☑ E ☐ W
(Q/Q/Q/Q)
3782 feet from ☐ N / ☑ S Line of Section
4917 feet from ☑ E / ☐ W Line of Section
County: Wilson

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: 600 psi Injection Zone: CATTLEMAN SAND
Maximum Authorized Injection Rate: 50 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	20	200			30
February	20	200			28
March	20	200			30
April	20	200			30
May	20	200			30
June	20	200			30
July	20	200			30
August	20	200			30
September	20	200			30
October	20	200			30
November	20	200			30
December	20	200			30
TOTAL	240		0		

Submitted Electronically