

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 # _____
Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____ + _____
Contact Person: _____
Phone: (_____) _____
Lease Name: _____
Well Number: _____

API No.: _____
Permit No.: _____
Reporting Year: _____
(January 1 to December 31)
____ - ____ - ____ - ____ Sec. ____ Twp. ____ S. R. ____ E W
(a/a/a/a)
_____ feet from N / S Line of Section
_____ feet from E / W Line of Section
County: _____

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: _____ psi Injection Zone: _____
Maximum Authorized Injection Rate: _____ 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	_____	_____	_____	_____	_____
	February	_____	_____	_____	_____	_____
	March	_____	_____	_____	_____	_____
	April	_____	_____	_____	_____	_____
	May	_____	_____	_____	_____	_____
	June	_____	_____	_____	_____	_____
	July	_____	_____	_____	_____	_____
	August	_____	_____	_____	_____	_____
	September	_____	_____	_____	_____	_____
	October	_____	_____	_____	_____	_____
	November	_____	_____	_____	_____	_____
	December	_____	_____	_____	_____	_____
	TOTAL	_____	_____	_____	_____	_____

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form U3C
August 2013
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 # 3661
Name: Phil Groves Oil
Address 1: P. O. Box 571
Address 2: _____
City: Arkansas City State: Ks. Zip: 67005 + _____
Contact Person: Phil Groves
Phone: (620) 442 0480
Lease Name: Frank Dyal
Well Number: 1A

Permit Number: (E) (D) - D - 25,098
API No.: 15- 191-2169
Reporting Period: 1-1-2020 to 9-6-2020
January 1, 20 _____ to December 31, 20 _____
se - ne - ne/4 - _____ Sec. 5 Twp. 35 S. R. 2 E W
(a/a/a/a)
800 feet from N / S Line of Section
330 feet from E / W Line of Section
Legal Description of Lease or Unit: SE NE NE/4
County: SU

If new operator, list previous operator: _____

I. Injection Fluid:

Type: 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:

Type Completion: Tubing & packer, packer setting depth: 2770 feet; Packerless (tubing, but no packer); Tubingless
Maximum Authorized Injection Pressure: 200 psi Injection Zone: Layton
Maximum Authorized Injection Rate: 300 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by This Permit: 1 (Include TA's)

III. Month	Total Volume Injected		# Days of Injection	Maximum Injection Pressure	Average Pressure Tubing/Casing Annulus
	BBL	MCF			
January	1050		18	gravity	
February	1350		25	"	
March	0		0	"	
April	0		0	"	
May	0		0	"	
June	250		4	"	
July	1750		29	"	
August	2000		31	"	
September	325		6	"	
October				"	
November				"	
December				"	
TOTAL	6725	0			