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 # 34179
Name: Thomas M. Brown LLC
Address 1: PO BOX 250
Address 2:
City: PLAINVILLE State: KS Zip: 67663 + 0250
Contact Person: Jake Brown
Phone: (785) 434-7141
Lease Name: CABBAGE
Well Number: 10

API No.: 15-163-23959-00-00
Permit No: D30993.0
Reporting Year: 2020
(January 1 to December 31)

____ - NW - SE - SW Sec. 7 Twp. 9 S. R. 18 ☐ E ☑ W
(Q/Q/Q/Q)
890 feet from ☐ N / ☑ S Line of Section
3630 feet from ☑ E / ☐ W Line of Section
County: Rooks

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: 0 psi Injection Zone: ARBUCKLE
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	37038	0	0	0	31
February	34648	0	0	0	29
March	37038	0	0	0	31
April	35843	0	0	0	30
May	37038	0	0	0	31
June	35843	0	0	0	30
July	37038	0	0	0	31
August	37038	0	0	0	31
September	35843	0	0	0	30
October	37038	0	0	0	31
November	35843	0	0	0	30
December	37038	0	0	0	31
TOTAL	437286		0		

Submitted Electronically