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 # 35220
Name: James P. Williams Enterprises, Inc.
Address 1: 802 MAIN STREET
Address 2: PO BOX 226
City: PALCO State: KS Zip: 67657 + 0226
Contact Person: James P. Williams
Phone: ( 479 ) 461-6553
Lease Name: LESAGE
Well Number: 6

API No.: 15-163-01322-00-01
Permit No: D31882.0
Reporting Year: 2020
*(January 1 to December 31)*

NW - SE - NE - NE Sec. 18 Twp. 7 S. R. 20 ☐ E ☑ W
*(Q/Q/Q/Q)*
4292 feet from ☐ N / ☑ S Line of Section
362 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: CEDAR HILLS
Maximum Authorized Injection Rate: 500 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 | 5890 | 0 | 0 | 0 | 31 |
| February | 5510 | 0 | 0 | 0 | 29 |
| March | 5890 | 0 | 0 | 0 | 31 |
| April | 5700 | 0 | 0 | 0 | 30 |
| May | 5890 | 0 | 0 | 0 | 31 |
| June | 5700 | 0 | 0 | 0 | 30 |
| July | 5890 | 0 | 0 | 0 | 31 |
| August | 5890 | 0 | 0 | 0 | 31 |
| September | 5700 | 0 | 0 | 0 | 30 |
| October | 5890 | 0 | 0 | 0 | 31 |
| November | 5700 | 0 | 0 | 0 | 30 |
| December | 5890 | 0 | 0 | 0 | 31 |
| ***TOTAL*** | 69540 | | 0 | | |

Submitted Electronically