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 # 34569
Name: Sonoma Resources LLC
Address 1: PO BOX 731
Address 2:
City: ANDOVER State: KS Zip: 67002 + 0731
Contact Person: Dan Flowers
Phone: (316) 208-7590
Lease Name: COFANK RANCH
Well Number: 3

API No.: 15-073-24217-00-00
Permit No: D32161.0
Reporting Year: 2020
(January 1 to December 31)

SE - NW - SE - SW Sec. 22 Twp. 26 S. R. 8 ☑ E ☐ W
(Q/Q/Q/Q)
695 feet from ☐ N / ☑ S Line of Section
3583 feet from ☑ E / ☐ W Line of Section
County: Greenwood

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: 300 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 3000 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	0	0			0
February	0	0			0
March	6750	0			31
April	6500	0			30
May	6750	0			31
June	6500	0			30
July	6750	0			31
August	6750	0			31
September	6500	0			30
October	6750	0			31
November	6500	0			30
December	6750	0			31
TOTAL	66500		0		

Submitted Electronically