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 # 5056
Name: F. G. Holl Company L.L.C.
Address 1: 9431 E CENTRAL STE 100
Address 2:
City: WICHITA State: KS Zip: 67206 + 2563
Contact Person: Loveness Mpanje
Phone: (316) 684-8481
Lease Name: AIKEN NORTH
Well Number: 2

API No.: 15-185-22170-00-00
Permit No: D24459.0
Reporting Year: 2020
(January 1 to December 31)

____ - NW - NE - NW Sec. 20 Twp. 22 S. R. 11 ☐ E ☑ W
(Q/Q/Q/Q)
4997 feet from ☐ N / ☑ S Line of Section
3589 feet from ☑ E / ☐ W Line of Section
County: Stafford

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,GRANIT WASH
Maximum Authorized Injection Rate: 1500 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	15006	0	0	0	31
February	14415	0	0	0	29
March	16214	0	0	0	31
April	10791	0	0	0	30
May	11030	0	0	0	31
June	14365	0	0	0	30
July	15003	0	0	0	31
August	14456	0	0	0	31
September	14802	0	0	0	30
October	14311	0	0	0	31
November	12756	0	0	0	30
December	13433	0	0	0	31
TOTAL	166582		0		

Submitted Electronically