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 # 33995
Name: Kiowa Gas Company
Address 1: 8150 N CENTRAL EXPY STE 750
Address 2:
City: DALLAS State: TX Zip: 75206 + 1841
Contact Person: Todd Moore
Phone: (214) 244-3819
Lease Name: EULA MAY
Well Number: 1-16

API No.: 15-025-20808-00-00
Permit No: E27257.2
Reporting Year: 2020
(January 1 to December 31)

____ - ____ - NW - NE Sec. 16 Twp. 33 S. R. 22 ☐ E ☑ W
(Q/Q/Q/Q)
4606 feet from ☐ N / ☑ S Line of Section
1998 feet from ☑ E / ☐ W Line of Section
County: Clark

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: 2000 psi Injection Zone: MORROW
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	3600	200	0	0	31
February	3000	200	0	0	28
March	3600	200	0	0	31
April	3400	200	0	0	30
May	3600	200	0	0	31
June	3600	800	0	0	30
July	3600	800	0	0	31
August	3600	800	0	0	31
September	3400	800	0	0	30
October	3600	800	0	0	31
November	3400	800	0	0	30
December	3600	800	0	0	31
TOTAL	42000		0		

Submitted Electronically