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: COX
Well Number: 1-A

API No.: 15-103-21347-00-00
Permit No: D31134.0
Reporting Year: 2020
(January 1 to December 31)

____ - SE - NW - SW Sec. 13 Twp. 12 S. R. 20 ☑ E ☐ W
(Q/Q/Q/Q)
1561 feet from ☐ N / ☑ S Line of Section
4567 feet from ☑ E / ☐ W Line of Section
County: Leavenworth

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: 650 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 300 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	0	0
February	0	0	0	0	0
March	0	0	0	0	0
April	0	0	0	0	0
May	0	0	0	0	0
June	0	0	0	0	0
July	0	0	0	0	0
August	0	0	0	0	0
September	0	0	0	0	0
October	0	0	0	0	0
November	0	0	0	0	0
December	0	0	0	0	
TOTAL	0		0		

Submitted Electronically