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 # 31826
Name: T & C Mfg. & Operating, Inc.
Address 1: 1020 HOOVER ST
Address 2: PO BOX 225
City: GREAT BEND State: KS Zip: 67530 + 0225
Contact Person: Rebecca Fletcher
Phone: (620) 793-5483
Lease Name: WINGATE
Well Number: 1

API No.: 15-077-01080-00-01
Permit No: D07900.0
Reporting Year: 2020
(January 1 to December 31)

____ - NE - SE - SW Sec. 1 Twp. 31 S. R. 9 ☐ E ☑ W
(Q/Q/Q/Q)
1278 feet from ☐ N / ☑ S Line of Section
2913 feet from ☑ E / ☐ W Line of Section
County: Harper

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: 50 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 5000 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	6696				31
February	6264				29
March	55800				31
April	36720				30
May	0				31
June	0				30
July	3720				31
August	6696				31
September	6710				30
October	0				31
November	6710				30
December	6934				31
TOTAL	136250		0		

Submitted Electronically