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 # 5010
Name: Knighton Oil Company, Inc.
Address 1: 1700 N WATERFRONT PKWY BLDG 100 STE A
Address 2:
City: WICHITA State: KS Zip: 67206 + 6627
Contact Person: Chris Toy
Phone: (316) 630-9905
Lease Name: HOLADAY
Well Number: 2

API No.: 15-127-19012-00-02
Permit No: D18182.0
Reporting Year: 2020
(January 1 to December 31)

____ - NE - NW - SW Sec. 35 Twp. 15 S. R. 9 ☑ E ☐ W
(Q/Q/Q/Q)
2285 feet from ☐ N / ☑ S Line of Section
4283 feet from ☑ E / ☐ W Line of Section
County: Morris

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: 200 psi Injection Zone: Arbuckle
Maximum Authorized Injection Rate: 2000 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 3 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	51181	0	0	0	31
February	46228	0	0	0	29
March	51181	0	0	0	31
April	49530	0	0	0	30
May	51181	0	0	0	31
June	49530	0	0	0	30
July	51181	0	0	0	31
August	51181	0	0	0	31
September	49530	0	0	0	30
October	51181	0	0	0	31
November	49530	0	0	0	30
December	51181	0	0	0	31
TOTAL	602615		0		

Submitted Electronically