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 # 6766
Name: N & W Enterprises, Inc.
Address 1: 1111 S MARGRAVE
Address 2:
City: FORT SCOTT State: KS Zip: 66701 + 2834
Contact Person: Thomas Norris
Phone: ( 620 ) 223-6559
Lease Name: FORRESTER
Well Number: INJ 11

API No.: 15-037-22416-00-00
Permit No: E23573.34
Reporting Year: 2020
*(January 1 to December 31)*

____ - SE - SW - NW Sec. 34 Twp. 28 S. R. 22 ☑ E ☐ W
*(Q/Q/Q/Q)*
2947 feet from ☐ N / ☑ S Line of Section
4400 feet from ☑ E / ☐ W Line of Section
County: Crawford

**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: 350 psi Injection Zone: Bartlesville
Maximum Authorized Injection Rate: 40 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 | 12 | 12 | 0 | 0 | 28 |
| September | 12 | 12 | 0 | 0 | 30 |
| October | 12 | 12 | 0 | 0 | 31 |
| November | 12 | 12 | 0 | 0 | 30 |
| December | 12 | 12 | 0 | 0 | 31 |
| ***TOTAL*** | 60 | | 0 | | |

Submitted Electronically