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 # 33221
Name: Roxanna Pipeline, Inc.
Address 1: 4600 GREENVILLE AVE STE 200
Address 2:
City: DALLAS State: TX Zip: 75206 + 5037
Contact Person: Marie Lewis
Phone: (214) 691-6216
Lease Name: LOWER
Well Number: 28-1

API No.: 15-001-29263-00-00
Permit No: D28582.0
Reporting Year: 2020
(January 1 to December 31)

____ - NW - NW - NW Sec. 28 Twp. 25 S. R. 19 ☑ E ☐ W
(Q/Q/Q/Q)
4930 feet from ☐ N / ☑ S Line of Section
4930 feet from ☑ E / ☐ W Line of Section
County: Allen

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: 300 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 1000 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			
February	0	0			
March	0	0			
April	0	0			
May	0	0			
June	0	0			
July	0	0			
August	0	0			
September	0	0			
October	0	0			
November	0	0			
December	0	0			
TOTAL	0		0		

Submitted Electronically