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 # 8490
Name: Keen, Dwight D. & Lenore M. dba Keen Oil Co
Address 1: 1 Tam O Shanter Ct.
Address 2:
City: WINFIELD State: KS Zip: 67156 + 6309
Contact Person: Lenore Keen
Phone: (620) 221-6267
Lease Name: FULTON
Well Number: A-1

API No.: 15-019-25375-00-01
Permit No: E18248.19
Reporting Year: 2021
(January 1 to December 31)

____ - SE - NW - SE Sec. 20 Twp. 33 S. R. 12 ☑ E ☐ W
(Q/Q/Q/Q)
1545 feet from ☐ N / ☑ S Line of Section
1355 feet from ☑ E / ☐ W Line of Section
County: Chautauqua

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: 500 psi Injection Zone: PERU
Maximum Authorized Injection Rate: 500 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	40	120			18
February	50	130			19
March	45	135			23
April	55	140			25
May	40	125			22
June	35	120			25
July	45	140			21
August	40	135			29
September	35	130			26
October	40	125			24
November	45	135			22
December	40	140			21
TOTAL	510		0		

Submitted Electronically