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 # 3167
Name: IGWT, Inc.
Address 1: P.O. BOX 550
Address 2:
City: ROSE HILL State: KS Zip: 67133 + 0550
Contact Person: KENTON HUPP
Phone: (316) 265-5800
Lease Name: BATES B
Well Number: 2

API No.: 15-015-40055-00-01
Permit No: D23761.0
Reporting Year: 2021
(January 1 to December 31)

SW - NE - SW - SW Sec. 10 Twp. 27 S. R. 4 ☑ E ☐ W
(Q/Q/Q/Q)
661 feet from ☐ N / ☑ S Line of Section
4467 feet from ☑ E / ☐ W Line of Section
County: Butler

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: 0 psi Injection Zone: GRANIT WASH
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	15125				31
February	12040				28
March	15965				31
April	12240				30
May	14060				31
June	7800				30
July	8215				31
August	0				31
September	18960				30
October	18450				31
November	14950				30
December	19530				31
TOTAL	157335		0		

Submitted Electronically