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 # 34675
Name: Holtom, Bill, A General Partnership
Address 1: 414 CENTRAL ST
Address 2:
City: SAINT PAUL State: KS Zip: 66771 + 4002
Contact Person: holtom
Phone: (316) 371-6885
Lease Name: FOX A
Well Number: 2-WI

API No.: 15-037-21329-00-00
Permit No: E23919.2
Reporting Year: 2021
(January 1 to December 31)

____ - W2 - SW - SW Sec. 26 Twp. 28 S. R. 21 ☑ E ☐ W
(Q/Q/Q/Q)
660 feet from ☐ N / ☑ S Line of Section
4950 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: cattlemen
Maximum Authorized Injection Rate: 50 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 6 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January					
February	10	350			15
March	15	350			15
April	10	350			20
May	8	350			22
June	10	350			15
July	14	350			16
August	25	350			10
September	15	350			20
October	10	350			25
November	18	350			10
December	15	350			12
TOTAL	150		0		

Submitted Electronically