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 # 35820
Name: Thresher Energy, Inc.
Address 1: 10700 NORTH FREEWAY SUITE 930
Address 2:
City: HOUSTON State: TX Zip: 77037 + 1142
Contact Person: BECKY ROJAS
Phone: ( 713 ) 993-0774
Lease Name: DRIFT UNIT
Well Number: 27

API No.: 15-153-20855-00-01
Permit No: E27992.5
Reporting Year: 2021
*(January 1 to December 31)*

____ - SW - NE - SW Sec. 16 Twp. 1 S. R. 33 ☐ E ☑ W
*(Q/Q/Q/Q)*
1813 feet from ☐ N / ☑ S Line of Section
3665 feet from ☑ E / ☐ W Line of Section
County: Rawlins

**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: 1500 psi Injection Zone: LANSING C,LANSING D,LANSING-KANSAS CITY
Maximum Authorized Injection Rate: 1500 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 | | | | 31 |
| February | 0 | | | | 28 |
| March | 0 | | | | 31 |
| April | 0 | | | | 30 |
| May | 0 | | | | 31 |
| June | 0 | | | | 30 |
| July | 0 | | | | 31 |
| August | 0 | | | | 30 |
| September | 0 | | | | 30 |
| October | 0 | | | | 31 |
| November | 0 | | | | 30 |
| December | 0 | | | | 31 |
| ***TOTAL*** | 0 | | 0 | | |

Submitted Electronically