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: CHRISTENSON
Well Number: 2

API No.: 15-035-24290-00-00
Permit No: E30363.1
Reporting Year: 2021
(January 1 to December 31)

____ - SE - NW - NW Sec. 10 Twp. 34 S. R. 5 ☑ E ☐ W
(Q/Q/Q/Q)
4086 feet from ☐ N / ☑ S Line of Section
4183 feet from ☑ E / ☐ W Line of Section
County: Cowley

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: 175 psi Injection Zone: MISSISSIPPIAN
Maximum Authorized Injection Rate: 300 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		31
February	0		0		28
March	0		0		31
April	0		0		30
May	0		0		31
June	0		0		30
July	0		0		31
August	0		0		30
September	0		0		30
October	0		0		31
November	0		0		30
December	0		0		31
TOTAL	0		0		

Submitted Electronically