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 # 5004
Name: Vincent Oil Corporation
Address 1: 200 W DOUGLAS AVE #725
Address 2:
City: WICHITA State: KS Zip: 67202 + 3023
Contact Person: Bryan Hills
Phone: (316) 262-3573
Lease Name: REYNOLDS
Well Number: 1-33

API No.: 15-057-20774-00-01
Permit No: D32898.0
Reporting Year: 2021
(January 1 to December 31)

N2 - NW - NW - SW Sec. 33 Twp. 28 S. R. 23 ☐ E ☑ W
(Q/Q/Q/Q)
2529 feet from ☐ N / ☑ S Line of Section
5071 feet from ☑ E / ☐ W Line of Section
County: Ford

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: 200 psi Injection Zone: MISSISSIPPIAN,MISSISSIPPI, WARSAW
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	4030				31
February	3640				28
March	4030				31
April	3900				30
May	4030				31
June	3900				30
July	4030				31
August	4030				31
September	4500				30
October	4650				31
November	4500				30
December	4650				31
TOTAL	49890		0		

Submitted Electronically