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 # 34916
Name: FourWinds Oil Corporation
Address 1: PO BOX 1063
Address 2:
City: HAYS State: KS Zip: 67601 + 1063
Contact Person: Dan Windholz
Phone: (785) 259-8403
Lease Name: KS BRAND UNIT
Well Number: 2

API No.: 15-137-20733-00-00
Permit No: D33034.0
Reporting Year: 2021
(January 1 to December 31)

SE - NW - NE - NW Sec. 22 Twp. 5 S. R. 21 ☐ E ☑ W
(Q/Q/Q/Q)
525 feet from ☑ N / ☐ S Line of Section
1890 feet from ☐ E / ☑ W Line of Section
County: Norton

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: 2500 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	18600				31
February	15500				28
March	18200				31
April	17400				30
May	18600				31
June	17800				30
July	18400				31
August	18600				31
September	18000				30
October	18400				31
November	17900				30
December	18400				31
TOTAL	215800		0		

Submitted Electronically