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 # 34028
Name: Triple T Oil, LLC
Address 1: PO BOX 716
Address 2:
City: LOUISBURG State: KS Zip: 66053 + 0716
Contact Person: Lesli Baker
Phone: ( 913 ) 837-4100
Lease Name: WEAVER
Well Number: I - 8

API No.: 15-121-30653-00-00
Permit No: E32071.5
Reporting Year: 2021
*(January 1 to December 31)*

____ - SW - SW - SE Sec. 18 Twp. 16 S. R. 24 ☑ E ☐ W
*(Q/Q/Q/Q)*
659 feet from ☐ N / ☑ S Line of Section
2733 feet from ☑ E / ☐ W Line of Section
County: Miami

**I. Injection Fluid:**

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☑ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: N/A mg/l Specific Gravity: N/A Additives: N/A
*(Attach water analysis, if available)*

**II. Well Data:**

Maximum Authorized Injection Pressure: 500 psi Injection Zone: Squirrel
Maximum Authorized Injection Rate: 100 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 | 620 | 400 | 0 | 0 | 31 |
| February | 560 | 400 | 0 | 0 | 28 |
| March | 615 | 400 | 0 | 0 | 31 |
| April | 600 | 400 | 0 | 0 | 30 |
| May | 618 | 400 | 0 | 0 | 31 |
| June | 598 | 400 | 0 | 0 | 30 |
| July | 615 | 400 | 0 | 0 | 31 |
| August | 610 | 400 | 0 | 0 | 31 |
| September | 580 | 400 | 0 | 0 | 30 |
| October | 610 | 400 | 0 | 0 | 31 |
| November | 595 | 400 | 0 | 0 | 30 |
| December | 610 | 400 | 0 | 0 | 31 |
| ***TOTAL*** | 7231 | | 0 | | |

Submitted Electronically