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 # 9957
Name: Thomason Petroleum, Inc
Address 1: 1413 WASHINGTON CIR
Address 2: PO BOX 875
City: HAYS State: KS Zip: 67601 + 0875
Contact Person: Steven Thomason
Phone: (785) 625-9045
Lease Name: SCHONTHALER
Well Number: 2

API No.: 15-163-20111-00-02
Permit No: D20643.0
Reporting Year: 2021
(January 1 to December 31)

____ - ____ - ____ - SW Sec. 30 Twp. 10 S. R. 19 ☐ E ☑ W
(Q/Q/Q/Q)
1320 feet from ☐ N / ☑ S Line of Section
3960 feet from ☑ E / ☐ W Line of Section
County: Rooks

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: 150 psi Injection Zone: CEDAR HILLS
Maximum Authorized Injection Rate: 800 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	1550	0	0	0	31
February	1500	0	0	0	28
March	1550	0	0	0	31
April	1500	0	0	0	30
May	1550	0	0	0	31
June	1500	0	0	0	30
July	1550	0	0	0	31
August	1550	0	0	0	31
September	1500	0	0	0	30
October	1550	0	0	0	31
November	1500	0	0	0	30
December	1550	0	0	0	31
TOTAL	18350		0		

Submitted Electronically