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 # 8210
Name: Birk, Linda
Address 1: 302 S 16TH ST
Address 2:
City: BURLINGTON State: KS Zip: 66839 + 2329
Contact Person: Linda Birk
Phone: (620) 364-1311
Lease Name: TROSTLE
Well Number: 17

API No.: 15-031-22292-00-01
Permit No: E23254.4
Reporting Year: 2021
(January 1 to December 31)

____ - SE - SW - SE Sec. 1 Twp. 23 S. R. 15 ☑ E ☐ W
(Q/Q/Q/Q)
165 feet from ☐ N / ☑ S Line of Section
1545 feet from ☑ E / ☐ W Line of Section
County: Coffey

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: 500 psi Injection Zone: SQUIRREL SAND
Maximum Authorized Injection Rate: 60 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 4 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	185	200			31
February	130	200			15
March	185	200			31
April	180	200			30
May	185	200			31
June	180	200			30
July	185	200			31
August	185	200			31
September	180	200			30
October	185	200			31
November	180	200			30
December	185	200			31
TOTAL	2145		0		

Submitted Electronically