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 # 33406
Name: Thomas Garner, Inc.
Address 1: 305 E 7th Ave
Address 2:
City: ST JOHN State: KS Zip: 67576 + 1652
Contact Person: Tom Garner
Phone: (620) 793-0766
Lease Name: LANGLEY
Well Number: 2

API No.: 15-195-00037-00-01
Permit No: D20035.0
Reporting Year: 2021
(January 1 to December 31)

____ - SE - SE - NE Sec. 14 Twp. 11 S. R. 21 ☐ E ☑ W
(Q/Q/Q/Q)
3269 feet from ☐ N / ☑ S Line of Section
325 feet from ☑ E / ☐ W Line of Section
County: Trego

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: 250 psi Injection Zone: CEDAR HILLS
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	2250	75			31
February	2100	75			28
March	2200	75			31
April	2150	70			30
May	2100	70			31
June	2200	75			30
July	2250	75			31
August	2200	75			31
September	2150	75			30
October	2250	70			31
November	2200	70			30
December	2250	75			31
TOTAL	26300		0		

Submitted Electronically