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 # 35585
Name: Bowman, Galela M and Burgess, Leroy
Address 1: 322 W 20TH STREET SOUTH
Address 2:
City: WELLINGTON State: KS Zip: 67152 + 8610
Contact Person: Galela M Bowman
Phone: (620) 968-7015
Lease Name: JONES
Well Number: 1

API No.: 15-191-20642-00-01
Permit No: D22092.0
Reporting Year: 2021
(January 1 to December 31)

____ - SW - SE - SW Sec. 15 Twp. 32 S. R. 2 ☐ E ☑ W
(Q/Q/Q/Q)
330 feet from ☐ N / ☑ S Line of Section
3630 feet from ☑ E / ☐ W Line of Section
County: Sumner

I. Injection Fluid:

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☐ Untreated Brine ☑ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: 0 mg/l Specific Gravity: 45 Additives: 0
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 300 psi Injection Zone: STALNAKER
Maximum Authorized Injection Rate: 300 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	8664				31
February	0				0
March	10940				31
April	9701				30
May	9523				31
June	0				0
July	8917				31
August	0				0
September	0				0
October	0				0
November	0				0
December	0				0
TOTAL	47745		0		

Submitted Electronically