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 # 34301
Name: Finney, Kyler dba Finney Oil Company
Address 1: PO BOX 87
Address 2:
City: WANN State: OK Zip: 74083 + 0087
Contact Person: Kyler Finney
Phone: ( 918 ) 440-8878
Lease Name: HUFFMAN (MCKEMEY)
Well Number: N 137

API No.: 15-125-21520-00-01
Permit No: E29066.2
Reporting Year: 2021
*(January 1 to December 31)*

NE - NE - NE - NW Sec. 9 Twp. 34 S. R. 14 ☑ E ☐ W
*(Q/Q/Q/Q)*
5230 feet from ☐ N / ☑ S Line of Section
2647 feet from ☑ E / ☐ W Line of Section
County: Montgomery

**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: No
*(Attach water analysis, if available)*

**II. Well Data:**

Maximum Authorized Injection Pressure: 675 psi Injection Zone: Wayside
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 | 310 | 400 | 0 | 0 | 31 |
| February | 280 | 400 | 0 | 0 | 28 |
| March | 310 | 400 | 0 | 0 | 31 |
| April | 300 | 400 | 0 | 0 | 30 |
| May | 310 | 400 | 0 | 0 | 31 |
| June | 300 | 400 | 0 | 0 | 30 |
| July | 310 | 400 | 0 | 0 | 31 |
| August | 310 | 400 | 0 | 0 | 31 |
| September | 300 | 400 | 0 | 0 | 30 |
| October | 310 | 400 | 0 | 0 | 31 |
| November | 300 | 400 | 0 | 0 | 30 |
| December | 310 | 400 | 0 | 0 | 31 |
| ***TOTAL*** | 3650 | | 0 | | |

Submitted Electronically