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 # 6743
Name: Southwind Petroleum Corp.
Address 1: 1400 W 14TH ST N
Address 2:
City: WICHITA State: KS Zip: 67203 + 2901
Contact Person: Willis Nigh
Phone: (316) 267-3741
Lease Name: EILEEN HAGERMAN
Well Number: 4-6

API No.: 15-145-21703-00-00
Permit No: D31559.0
Reporting Year: 2021
(January 1 to December 31)

____ - E2 - NE - NE Sec. 4 Twp. 20 S. R. 16 ☐ E ☑ W
(Q/Q/Q/Q)
660 feet from ☑ N / ☐ S Line of Section
330 feet from ☑ E / ☐ W Line of Section
County: Pawnee

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: 0 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 6000 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	0		0		
February	160		0		1
March	0		0		
April	160		0		1
May	160		0		1
June	0		0		
July	0		0		
August	315		0		2
September	0		0		
October	320		0		2
November	0		0		
December	155		0		1
TOTAL	1270		0		

Submitted Electronically