

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 # 6931
Name: Bowman Oil Company, a General Partnership
Address 1: 805 CODELL RD
Address 2: _____
City: CODELL State: KS Zip: 67663 + 8500
Contact Person: Michael W. Bowman
Phone: (785) 434-2286
Lease Name: H. BERLAND A
Well Number: 14

API No.: 15-163-02679-00-02
Permit No.: D20356.0
Reporting Year: 2021
(January 1 to December 31)
W2 - NE - NE - NW Sec. 19 Twp. 10 S. R. 19 ☐ E ☒ W
(a/a/a/a)
4923 feet from ☐ N / ☒ S Line of Section
3124 feet from ☒ E / ☐ W Line of Section
County: Rooks

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: CEDAR HILLS
Maximum Authorized Injection Rate: 2000 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	<u>16400</u>				<u>31</u>
	February	<u>12673</u>				<u>24</u>
	March	<u>16400</u>				<u>31</u>
	April	<u>15870</u>				<u>30</u>
	May	<u>16400</u>				<u>31</u>
	June	<u>15870</u>				<u>30</u>
	July	<u>16369</u>				<u>31</u>
	August	<u>16253</u>				<u>31</u>
	September	<u>15323</u>				<u>30</u>
	October	<u>16369</u>				<u>31</u>
	November	<u>15840</u>				<u>30</u>
	December	<u>15323</u>				<u>30</u>
	TOTAL	<u>189090</u>		<u>0</u>		

Submitted Electronically