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 # 7943
Name: West Plains Enterprises, Inc
Address 1: PO BOX 279
Address 2:
City: PLAINS State: KS Zip: 67869 + 0279
Contact Person: David Clawson
Phone: (620) 563-6112
Lease Name: CLAWSON
Well Number: 1

API No.: 15-119-21188-00-00
Permit No: D30062.0
Reporting Year: 2021
(January 1 to December 31)

NE - SW - SW - SW Sec. 36 Twp. 32 S. R. 30 ☐ E ☑ W
(Q/Q/Q/Q)
598 feet from ☐ N / ☑ S Line of Section
4924 feet from ☑ E / ☐ W Line of Section
County: Meade

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: 300 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 4000 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		0
February	0		0		0
March	0		0		0
April	0		0		0
May	0		0		0
June	0		0		0
July	0		0		0
August	0		0		0
September	0		0		0
October	0		0		0
November	0		0		0
December	0		0		0
TOTAL	0		0		

Submitted Electronically