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 # 31514
Name: Thoroughbred Associates L.L.C.
Address 1: 8100 E 22ND ST STE 600
Address 2:
City: WICHITA State: KS Zip: 67226 + 2307
Contact Person: Bobby Patton
Phone: (316) 685-1512
Lease Name: KATS
Well Number: SWDW

API No.: 15-147-20580-00-00
Permit No: D27484.0
Reporting Year: 2021
(January 1 to December 31)

____ - SE - NE - SE Sec. 14 Twp. 2 S. R. 19 ☐ E ☑ W
(Q/Q/Q/Q)
1655 feet from ☐ N / ☑ S Line of Section
452 feet from ☑ E / ☐ W Line of Section
County: Phillips

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: 300 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	160	0	0	0	2
February	160	0	0	0	2
March	160	0	0	0	2
April	160	0	0	0	2
May	160	0	0	0	2
June	160	0	0	0	2
July	160	0	0	0	2
August	160	0	0	0	2
September	160	0	0	0	2
October	160	0	0	0	2
November	160	0	0	0	2
December	160	0	0	0	2
TOTAL	1920		0		

Submitted Electronically