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 # 4085
Name: King, Tom dba King Energy Co.
Address 1: 2 TIMBER DR
Address 2:
City: IOLA State: KS Zip: 66749 + 1608
Contact Person: Tom King
Phone: (620) 496-7052
Lease Name: CAMAC A
Well Number: SWI-1

API No.: 15-001-22425-00-01
Permit No: E21472.15
Reporting Year: 2021
(January 1 to December 31)

____ - SE - NW - NE Sec. 34 Twp. 24 S. R. 21 ☑ E ☐ W
(Q/Q/Q/Q)
4439 feet from ☐ N / ☑ S Line of Section
1437 feet from ☑ E / ☐ W Line of Section
County: Allen

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: 350 psi Injection Zone: BARTLESVILLE
Maximum Authorized Injection Rate: 50 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	35	0			22
April	30	0			30
May	33	0			31
June	30	0			30
July	35	0			31
August	36	0			31
September	18	0			12
October	0	0			0
November	0	0			0
December	0	0			0
TOTAL	217		0		

Submitted Electronically