KOLAR Document ID: 1634476

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 # 3313
Name: TM Enterprises, Inc.
Address 1: PO BOX 781821
Address 2:
City: WICHITA State: KS Zip: 67278 + 1821
Contact Person: Martha Tregellas
Phone: (316) 393-5229
Lease Name: KIPFER
Well Number: 6

API No.: 15-073-01613-00-01
Permit No: E05079.2
Reporting Year: 2021
(January 1 to December 31)

____ - NE - NW - SW Sec. 6 Twp. 24 S. R. 11 ☑ E ☐ W
(Q/Q/Q/Q)
3135 feet from ☑ N / ☐ S Line of Section
1005 feet from ☐ E / ☑ W Line of Section
County: Greenwood

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: 800 psi Injection Zone: BARTLESVILLE
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	5235	50			31
February	2976	50			16
March	5235	50			29
April	5731	50			30
May	5842	50			31
June	5401	50			30
July	6172	50			31
August	4133	50			28
September	4354	50			30
October	4739	50			31
November	4739	50			30
December	4464	50			30
TOTAL	59021		0		

Submitted Electronically