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 # 35711
Name: Essex Resources, LLC
Address 1: 4375 CR 2600
Address 2:
City: COFFEYVILLE State: KS Zip: 67337 + 8836
Contact Person: Greg Wilkinson
Phone: (620) 875-0735
Lease Name: BOWEN
Well Number: 32

API No.: 15-019-20242-00-02
Permit No: E29070.1
Reporting Year: 2021
(January 1 to December 31)

____ - NW - NE - SW Sec. 20 Twp. 34 S. R. 12 ☑ E ☐ W
(Q/Q/Q/Q)
2368 feet from ☐ N / ☑ S Line of Section
3881 feet from ☑ E / ☐ W Line of Section
County: Chautauqua

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: 200 psi Injection Zone: WAYSIDE SAND
Maximum Authorized Injection Rate: 200 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					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
TOTAL	0		0		

Submitted Electronically