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 # 5488
Name: TWM Production Co., a General Partnership
Address 1: 1150 HWY 39
Address 2:
City: CHANUTE State: KS Zip: 66720 + 5215
Contact Person: Mike or Jennifer Wimsett
Phone: ( 620 ) 431-4137
Lease Name: PUGH-HAMMAN
Well Number: 3

API No.: 15-001-03707-00-00
Permit No: E24336.2
Reporting Year: 2022
*(January 1 to December 31)*

____ - SW - SE - SE Sec. 23 Twp. 26 S. R. 18 ☑ E ☐ W
*(Q/Q/Q/Q)*
614 feet from ☐ N / ☑ S Line of Section
828 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: 700 psi Injection Zone: BARTLESVILLE
Maximum Authorized Injection Rate: 40 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