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 # 35820
Name: Thresher Energy, Inc.
Address 1: 10700 NORTH FREEWAY SUITE 930
Address 2:
City: HOUSTON State: TX Zip: 77037 + 1142
Contact Person: Ray Dorothy
Phone: ( 713 ) 993-0774
Lease Name: WEST MADDIX UNIT
Well Number: 20 SWD

API No.: 15-035-24548-00-00
Permit No: D31848.0
Reporting Year: 2022
*(January 1 to December 31)*

____ - NE - NE - SE Sec. 3 Twp. 33 S. R. 5 ☑ E ☐ W
*(Q/Q/Q/Q)*
2310 feet from ☐ N / ☑ S Line of Section
330 feet from ☑ E / ☐ W Line of Section
County: Cowley

**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: ARBUCKLE
Maximum Authorized Injection Rate: 10000 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 | 22049 | 0 | | | 31 |
| February | 29787 | 0 | | | 28 |
| March | 45066 | 0 | | | 31 |
| April | 43346 | 0 | | | 30 |
| May | 36368 | 0 | | | 31 |
| June | 41341 | 0 | | | 30 |
| July | 21238 | 0 | | | 31 |
| August | 13003 | 0 | | | 30 |
| September | 11654 | 0 | | | 30 |
| October | 12971 | 0 | | | 31 |
| November | 33053 | 0 | | | 30 |
| December | 17496 | 0 | | | 31 |
| ***TOTAL*** | 327372 | | 0 | | |

Submitted Electronically