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 # 6931
Name: Bowman Oil Company, a General Partnership
Address 1: 805 CODELL RD
Address 2:
City: CODELL State: KS Zip: 67663 + 8500
Contact Person: Michael W Bowman
Phone: (785) 434-2286
Lease Name: SMITH
Well Number: 9

API No.: 15-065-24056-00-00
Permit No: D32025.0
Reporting Year: 2022
(January 1 to December 31)

____ - ____ - NE - NW Sec. 5 Twp. 10 S. R. 21 ☐ E ☑ W
(Q/Q/Q/Q)
4375 feet from ☐ N / ☑ S Line of Section
3965 feet from ☑ E / ☐ W Line of Section
County: Graham

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: 5000 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	6531				31
February	5899				28
March	6320				30
April	6320				30
May	6531				31
June	6320				30
July	6531				31
August	6531				31
September	6320				30
October	6531				31
November	6320				30
December	6531				31
TOTAL	76685		0		

Submitted Electronically