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 # 32025
Name: Greenwood Resources L.L.C.
Address 1: PO BOX 847
Address 2:
City: PRATT State: KS Zip: 67124 + 0847
Contact Person: Kenneth C Gates
Phone: (620) 672-2531
Lease Name: MCGILVRAY A
Well Number: W 26

API No.: 15-073-19827-00-00
Permit No: E02466.25
Reporting Year: 2022
(January 1 to December 31)

____ - NW - NE - NE Sec. 17 Twp. 23 S. R. 11 ☑ E ☐ W
(Q/Q/Q/Q)
4745 feet from ☐ N / ☑ S Line of Section
1010 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: _____ psi Injection Zone: BARTLESVILLE
Maximum Authorized Injection Rate: _____ 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	3410				31
February	3080				28
March	3410				31
April	3300				30
May	3410				31
June	3300				30
July	3410				31
August	3410				31
September	1540				14
October	0				0
November	0				0
December	220				2
TOTAL	28490		0		

Submitted Electronically