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 # 30796
Name: Woods, Kirk dba Woods Oil
Address 1: PO BOX 149
Address 2:
City: WINFIELD State: KS Zip: 67156 + 0149
Contact Person: Kirk Allen Woods
Phone: (620) 222-1201
Lease Name: ELDER
Well Number: B 2

API No.: 15-035-00163-00-01
Permit No: D19298.0
Reporting Year: 2022
(January 1 to December 31)

____ - SE - SW - NE Sec. 4 Twp. 32 S. R. 3 ☑ E ☐ W
(Q/Q/Q/Q)
3031 feet from ☐ N / ☑ S Line of Section
1691 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: STALNAKER
Maximum Authorized Injection Rate: 500 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	1550				31
February	1400				28
March	1550				31
April	1500				30
May	1550				31
June	1500				30
July	1550				31
August	1550				31
September	1500				30
October	1550				31
November	1500				30
December	1550				31
TOTAL	18250		0		

Submitted Electronically