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 # 34904
Name: Palmer Oil, Inc.
Address 1: 3118 N. CUMMINGS RD.
Address 2: PO BOX 399
City: GARDEN CITY State: KS Zip: 67846 + 0399
Contact Person: Kevin Wiles
Phone: (620) 275-2963
Lease Name: KELLER
Well Number: 1-34 SWD

API No.: 15-185-24114-00-00
Permit No: D34278.0
Reporting Year: 2022
(January 1 to December 31)

SW - NE - NE - NW Sec. 34 Twp. 21 S. R. 14 ☐ E ☑ W
(Q/Q/Q/Q)
348 feet from ☑ N / ☐ S Line of Section
1982 feet from ☐ E / ☑ W Line of Section
County: Stafford

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: 250 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	0	0	0	0	0
February	0	0	0	0	0
March	0	0	0	0	0
April	0	0	0	0	0
May	0	0	0	0	0
June	0	0	0	0	0
July	0	0	0	0	0
August	0	0	0	0	0
September	0	0	0	0	0
October	0	0	0	0	0
November	0	0	0	0	0
December	4275	0	0	0	15
TOTAL	4275		0		

Submitted Electronically