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 # 33215
Name: Taylor, Robert W. dba Taylor Oil Co.
Address 1: PO BOX 894
Address 2:
City: EL DORADO State: KS Zip: 67042 + 0894
Contact Person: ROBERT TAYLOR
Phone: ( 316 ) 322-0466
Lease Name: AUGUSTINE J W
Well Number: 2

API No.: 15-015-22073-00-01
Permit No: E24437.1
Reporting Year: 2022
*(January 1 to December 31)*

____ - NW - SW - NE Sec. 1 Twp. 25 S. R. 3 ☑ E ☐ W
*(Q/Q/Q/Q)*
3505 feet from ☐ N / ☑ S Line of Section
2428 feet from ☑ E / ☐ W Line of Section
County: Butler

**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: 100 psi Injection Zone: MISSISSIPPIAN
Maximum Authorized Injection Rate: 250 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 | 2945 | | | | 31 |
| February | 2660 | | | | 28 |
| March | 2945 | | | | 31 |
| April | 0 | | | | 0 |
| May | 1520 | | | | 16 |
| June | 2850 | | | | 30 |
| July | 2945 | | | | 31 |
| August | 2565 | | | | 21 |
| September | 0 | | | | 0 |
| October | 1995 | | | | 21 |
| November | 2850 | | | | 30 |
| December | 2945 | | | | 31 |
| ***TOTAL*** | 26220 | | 0 | | |

Submitted Electronically