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 # 3313
Name: TM Enterprises, Inc.
Address 1: PO BOX 781821
Address 2:
City: WICHITA State: KS Zip: 67278 + 1821
Contact Person: Martha Tregellas
Phone: (316) 393-5229
Lease Name: KIPFER
Well Number: 6

API No.: 15-073-01613-00-01
Permit No: E05079.2
Reporting Year: 2022
(January 1 to December 31)

____ - NE - NW - SW Sec. 6 Twp. 24 S. R. 11 ☑ E ☐ W
(Q/Q/Q/Q)
3135 feet from ☑ N / ☐ S Line of Section
1005 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: 800 psi Injection Zone: BARTLESVILLE
Maximum Authorized Injection Rate: 2000 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	4299	50			31
February	5125	50			27
March	6668	50			31
April	6365	50			29
May	6338	50			31
June	6062	50			30
July	6310	50			31
August	4464	50			25
September	4023	50			30
October	3610	50			25
November	3913	50			30
December	3031	50			25
TOTAL	60208		0		

Submitted Electronically