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 # 3167
Name: IGWT, Inc.
Address 1: P.O. BOX 550
Address 2:
City: ROSE HILL State: KS Zip: 67133 + 0550
Contact Person: KENTON HUPP
Phone: (316) 265-5800
Lease Name: WERNLI
Well Number: 10

API No.: 15-073-23062-00-00
Permit No: E19905.5
Reporting Year: 2023
(January 1 to December 31)

____ - ____ - ____ - SW Sec. 25 Twp. 22 S. R. 12 ☑ E ☐ W
(Q/Q/Q/Q)
1799 feet from ☐ N / ☑ S Line of Section
4424 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: 1000 psi Injection Zone: BARTLESVILLE
Maximum Authorized Injection Rate: 300 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				31
February	0				28
March	0				31
April	0				30
May	0				31
June	0				30
July	0				31
August	0				31
September	0				30
October	0				31
November	0				30
December	0				31
TOTAL	0		0		

Submitted Electronically