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 # 6227
Name: Kraft Oil Company LLC
Address 1: 471 Iris Rd
Address 2:
City: GRIDLEY State: KS Zip: 66852 + 9253
Contact Person: Thomas A Kraft
Phone: (620) 437-6691
Lease Name: BOWMAN
Well Number: 2

API No.: 15-031-20259-00-00
Permit No: E17283.1
Reporting Year: 2023
(January 1 to December 31)

____ - SE - NE - SW Sec. 10 Twp. 21 S. R. 14 ☑ E ☐ W
(Q/Q/Q/Q)
1691 feet from ☐ N / ☑ S Line of Section
3039 feet from ☑ E / ☐ W Line of Section
County: Coffey

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: SIMPSON
Maximum Authorized Injection Rate: 100 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	800	0			31
February	700	0			28
March	800	0			31
April	775	0			30
May	800	0			31
June	775	0			30
July	800	0			31
August	800	0			31
September	775	0			30
October	800	0			31
November	775	0			30
December	800	0			31
TOTAL	9400		0		

Submitted Electronically