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 # 6931
Name: Bowman Oil Company, a General Partnership
Address 1: 805 CODELL RD
Address 2:
City: CODELL State: KS Zip: 67663 + 8500
Contact Person: Michael W Bowman
Phone: (785) 434-2286
Lease Name: HAND/FRISBIE
Well Number: SWD-1

API No.: 15-051-23717-00-01
Permit No: D23036.0
Reporting Year: 2023
(January 1 to December 31)

____ - SE - SW - SE Sec. 19 Twp. 11 S. R. 18 ☐ E ☑ W
(Q/Q/Q/Q)
326 feet from ☐ N / ☑ S Line of Section
1750 feet from ☑ E / ☐ W Line of Section
County: Ellis

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: 0 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 2400 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	26784	0	0	0	31
February	22626	0	0	0	28
March	26784	0	0	0	31
April	23571	0	0	0	30
May	26523	0	0	0	31
June	25920	0	0	0	30
July	26040	0	0	0	31
August	18760	0	0	0	31
September	25266	0	0	0	30
October	26040	0	0	0	31
November	24438	0	0	0	30
December	26040	0	0	0	31
TOTAL	298792		0		

Submitted Electronically