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 # 34907
Name: Green, Bobbie
Address 1: PO BOX 235
Address 2:
City: CHAUTAUQUA State: KS Zip: 67334 + 0235
Contact Person: Bobbie Green
Phone: (620) 216-0379
Lease Name: NEWCOMB
Well Number: 3

API No.: 15-019-26396-00-02
Permit No: E31506.1
Reporting Year: 2023
(January 1 to December 31)

SE - NW - SW - NW Sec. 11 Twp. 35 S. R. 11 ☑ E ☐ W
(Q/Q/Q/Q)
3438 feet from ☐ N / ☑ S Line of Section
4843 feet from ☑ E / ☐ W Line of Section
County: Chautauqua

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: 500 psi Injection Zone: BARTLESVILLE
Maximum Authorized Injection Rate: 500 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	1240	450	0	0	31
February	1120	450	0	0	28
March	1240	450	0	0	31
April	1200	450	0	0	30
May	1240	450	0	0	31
June	1200	450	0	0	30
July	1240	450	0	0	31
August	1240	450	0	0	31
September	1200	450	0	0	30
October	1240	450	0	0	31
November	1200	450	0	0	30
December	1240	450	0	0	31
TOTAL	14600		0		

Submitted Electronically