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 # 6306
Name: Tom Brown Construction, Inc.
Address 1: 54921 RIVERVIEW DR
Address 2:
City: ASTOR State: FL Zip: 32102 + 2419
Contact Person: marva walker
Phone: (785) 452-8468
Lease Name: JOHNSON
Well Number: 2

API No.: 15-169-00406-00-01
Permit No: D20529.0
Reporting Year: 2023
(January 1 to December 31)

____ - NW - NE - SE Sec. 8 Twp. 14 S. R. 2 ☐ E ☑ W
(Q/Q/Q/Q)
2302 feet from ☐ N / ☑ S Line of Section
995 feet from ☑ E / ☐ W Line of Section
County: Saline

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: 30 psi Injection Zone: HUNTON
Maximum Authorized Injection Rate: 1250 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 2 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	400				31
February	400				28
March	400				31
April	400				30
May	400				31
June	400				30
July	400				31
August	400				30
September	400				30
October	400				31
November	400				30
December	400				31
TOTAL	4800		0		

Submitted Electronically