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 # 35325
Name: Webster Oil LLC
Address 1: 16349 SW PICKRELL RD
Address 2:
City: LEON State: KS Zip: 67074 + 9150
Contact Person: BILL WEBSTER
Phone: ( 316 ) 734-2518
Lease Name: BUSH B
Well Number: 4

API No.: 15-015-01040-00-01
Permit No: E28154.1
Reporting Year: 2023
*(January 1 to December 31)*

____ - NE - NE - SE Sec. 24 Twp. 29 S. R. 5 ☑ E ☐ W
*(Q/Q/Q/Q)*
2081 feet from ☐ N / ☑ S Line of Section
292 feet from ☑ E / ☐ W Line of Section
County: Butler

**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: ____ psi Injection Zone: MISSISSIPPIAN
Maximum Authorized Injection Rate: ____ 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 | 22320 | 200 | 0 | 0 | 31 |
| February | 20160 | 200 | 0 | 0 | 28 |
| March | 22320 | 200 | 0 | 0 | 31 |
| April | 21600 | 200 | 0 | 0 | 30 |
| May | 22320 | 200 | 0 | 0 | 31 |
| June | 21600 | 200 | 0 | 0 | 30 |
| July | 22320 | 200 | 0 | 0 | 31 |
| August | 5040 | 200 | 0 | 0 | 7 |
| September | 13680 | 200 | 0 | 0 | 19 |
| October | 22320 | 200 | 0 | 0 | 31 |
| November | 21600 | 200 | 0 | 0 | 30 |
| December | 22320 | 200 | 0 | 0 | 31 |
| ***TOTAL*** | 237600 | | 0 | | |

Submitted Electronically