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 # 5010
Name: Knighton Oil Company, Inc.
Address 1: 1700 N WATERFRONT PKWY BLDG 100 STE A
Address 2:
City: WICHITA State: KS Zip: 67206 + 6627
Contact Person: Chris Toy
Phone: (316) 630-9905
Lease Name: STIMATZE
Well Number: 9 SWD

API No.: 15-185-23824-00-00
Permit No: D31641.0
Reporting Year: 2023
(January 1 to December 31)

____ - SW - SW - SW Sec. 15 Twp. 25 S. R. 14 ☐ E ☑ W
(Q/Q/Q/Q)
335 feet from ☐ N / ☑ S Line of Section
4984 feet from ☑ E / ☐ W Line of Section
County: Stafford

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: Arbuckle
Maximum Authorized Injection Rate: 2500 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 4 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	930	0	0	0	31
February	870	0	0	0	28
March	930	0	0	0	31
April	900	0	0	0	30
May	930	0	0	0	31
June	900	0	0	0	30
July	930	0	0	0	31
August	930	0	0	0	31
September	900	0	0	0	30
October	930	0	0	0	31
November	900	0	0	0	30
December	930	0	0	0	31
TOTAL	10980		0		

Submitted Electronically