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 # 4067
Name: TKO Investments, Inc.
Address 1: 10881 W. McArtor Rd.
Address 2:
City: DODGE CITY State: KS Zip: 67801 + 6763
Contact Person: Kevin Tieben
Phone: ( 620 ) 225-0263
Lease Name: OFFERLE
Well Number: 2

API No.: 15-057-20507-00-01
Permit No: E28011.1
Reporting Year: 2023
*(January 1 to December 31)*

____ - S2 - S2 - SW Sec. 14 Twp. 25 S. R. 21 ☐ E ☑ W
*(Q/Q/Q/Q)*
414 feet from ☐ N / ☑ S Line of Section
4073 feet from ☑ E / ☐ W Line of Section
County: Ford

**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: 100 psi Injection Zone: LANSING B
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 | 0 | | | | 0 |
| February | 0 | | | | 0 |
| March | 0 | | | | 0 |
| April | 0 | | | | 0 |
| May | 0 | | | | 0 |
| June | 0 | | | | 0 |
| July | 0 | | | | 0 |
| August | 0 | | | | 0 |
| September | 0 | | | | 0 |
| October | 0 | | | | 0 |
| November | 0 | | | | 0 |
| December | 0 | | | | 0 |
| ***TOTAL*** | 0 | | 0 | | |

Submitted Electronically