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 # 30796
Name: Woods, Kirk dba Woods Oil
Address 1: PO BOX 149
Address 2:
City: WINFIELD State: KS Zip: 67156 + 0149
Contact Person: Kirk Allen Woods
Phone: ( 620 ) 2221201
Lease Name: ELDER
Well Number: B 2

API No.: 15-035-00163-00-01
Permit No: D19298.0
Reporting Year: 2023
*(January 1 to December 31)*

____ - SE - SW - NE Sec. 4 Twp. 32 S. R. 3 ☑ E ☐ W
*(Q/Q/Q/Q)*
3031 feet from ☐ N / ☑ S Line of Section
1691 feet from ☑ E / ☐ W Line of Section
County: Cowley

**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: 0 psi Injection Zone: STALNAKER
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 | 1550 | | | | 31 |
| February | 1400 | | | | 28 |
| March | 1550 | | | | 31 |
| April | 1500 | | | | 30 |
| May | 1550 | | | | 31 |
| June | 1500 | | | | 30 |
| July | 1550 | | | | 31 |
| August | 1550 | | | | 31 |
| September | 1500 | | | | 30 |
| October | 1550 | | | | 31 |
| November | 1500 | | | | 30 |
| December | 1550 | | | | 31 |
| ***TOTAL*** | 18250 | | 0 | | |

Submitted Electronically