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: BOYLES
Well Number: 2

API No.: 15-035-19495-00-01
Permit No: E08938.1
Reporting Year: 2023
(January 1 to December 31)

NE - SE - NW - SW Sec. 11 Twp. 33 S. R. 3 ☑ E ☐ W
(Q/Q/Q/Q)
1682 feet from ☐ N / ☑ S Line of Section
4298 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: 150 psi Injection Zone: BARTLESVILLE,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	6200				31
February	5600				28
March	6200				31
April	6000				30
May	6200				31
June	6000				30
July	6200				31
August	6200				31
September	6000				30
October	6200				31
November	6000				30
December	6200				31
TOTAL	73000		0		

Submitted Electronically