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 # 35625
Name: Talon Group LLC
Address 1: PO BOX 700
Address 2:
City: HAYS State: KS Zip: 67601 + 0700
Contact Person: Valerie Wente
Phone: (785) 656-2644
Lease Name: BOXBERGER
Well Number: 1

API No.: 15-167-22943-00-01
Permit No: E32967.1
Reporting Year: 2023
(January 1 to December 31)

____ - SW - SE - SE Sec. 12 Twp. 14 S. R. 15 ☐ E ☑ W
(Q/Q/Q/Q)
330 feet from ☐ N / ☑ S Line of Section
990 feet from ☑ E / ☐ W Line of Section
County: Russell

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: 800 psi Injection Zone: Topeka, Toronto,Lansing, Kansas City
Maximum Authorized Injection Rate: 600 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	3159	0	0	0	27
February	3159	0	0	0	27
March	3627	0	0	0	31
April	1170	0	0	0	10
May	3510	0	0	0	30
June	3510	0	0	0	30
July	2691	0	0	0	23
August	3393	0	0	0	29
September	3393	0	0	0	29
October	3627	0	0	0	31
November	3393	0	0	0	29
December	3627	0	0	0	31
TOTAL	38259		0		

Submitted Electronically