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 # 33097
Name: Southern Star Central Gas Pipeline, Inc.
Address 1: 4700 STATE ROUTE 56
Address 2:
City: OWENSBORO State: KY Zip: 42301 + 8498
Contact Person: Carly Walton
Phone: (270) 852-4372
Lease Name: WILLIAMS NATURAL GAS
Well Number: 1-SW

API No.: 15-003-22917-00-00
Permit No: D25576.0
Reporting Year: 2024
(January 1 to December 31)

SW - SE - NE - SE Sec. 34 Twp. 21 S. R. 19 ☑ E ☐ W
(Q/Q/Q/Q)
1493 feet from ☐ N / ☑ S Line of Section
466 feet from ☑ E / ☐ W Line of Section
County: Anderson

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: ARBUCKLE
Maximum Authorized Injection Rate: 2000 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	5654	0	0	0	10
February	5515	0	0	0	10
March	106	0	0	0	1
April	0	0	0	0	0
May	0	0	0	0	0
June	0	0	0	0	0
July	0	0	0	0	0
August	0	0	0	0	0
September	0	0	0	0	0
October	0	0	0	0	0
November	0	0	0	0	0
December	364	0	0	0	1
TOTAL	11639		0		

Submitted Electronically