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 # 34239
Name: Thornberry Family Partnership Ltd.
Address 1: PO BOX 469
Address 2:
City: NEW WAVERLY State: TX Zip: 77358 + 0469
Contact Person: Leland Jackson
Phone: (620) 363-0492
Lease Name: COBBS
Well Number: 3-T

API No.: 15-107-25271-00-00
Permit No: E29046.4
Reporting Year: 2024
(January 1 to December 31)

____ - SE - NE - NW Sec. 10 Twp. 23 S. R. 22 ☑ E ☐ W
(Q/Q/Q/Q)
4270 feet from ☐ N / ☑ S Line of Section
2943 feet from ☑ E / ☐ W Line of Section
County: Linn

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: 550 psi Injection Zone: BARTLESVILLE
Maximum Authorized Injection Rate: 50 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	310	400			31
February	290	400			29
March	310	400			31
April	300	400			30
May	310	400			31
June	300	400			30
July	310	400			31
August	310	400			31
September	300	400			30
October	310	400			31
November	300	400			30
December	310	400			31
TOTAL	3660		0		

Submitted Electronically