

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 # 5004
Name: Vincent Oil Corporation
Address 1: 200 W DOUGLAS AVE #725
Address 2: _____
City: WICHITA State: KS Zip: 67202 + 3023
Contact Person: BRYAN HILLS
Phone: (316) 262-3573
Lease Name: DROSTE
Well Number: 1-10

API No.: 15-057-20923-00-01
Permit No: D32836.0
Reporting Year: 2024
(January 1 to December 31)
____ - NE - SE - NE Sec. 10 Twp. 28 S. R. 23 ☐ E ☒ W
(a/a/a/a)
3653 feet from ☐ N / ☒ S Line of Section
460 feet from ☒ E / ☐ W Line of Section
County: Ford

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: 200 psi Injection Zone: SHAWNEE
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	<u>6367</u>	_____	_____	_____	<u>31</u>
	February	<u>5751</u>	_____	_____	_____	<u>28</u>
	March	<u>6367</u>	_____	_____	_____	<u>31</u>
	April	<u>6162</u>	_____	_____	_____	<u>30</u>
	May	<u>6367</u>	_____	_____	_____	<u>31</u>
	June	<u>6162</u>	_____	_____	_____	<u>30</u>
	July	<u>6367</u>	_____	_____	_____	<u>31</u>
	August	<u>6367</u>	_____	_____	_____	<u>31</u>
	September	<u>6162</u>	_____	_____	_____	<u>30</u>
	October	<u>6367</u>	_____	_____	_____	<u>31</u>
	November	<u>6162</u>	_____	_____	_____	<u>30</u>
	December	<u>6367</u>	_____	_____	_____	<u>31</u>
	TOTAL	<u>74968</u>	_____	<u>0</u>	_____	_____

Submitted Electronically