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 # 30742
Name: Palomino Petroleum, Inc.
Address 1: 4924 SE 84TH ST
Address 2:
City: NEWTON State: KS Zip: 67114 + 8827
Contact Person: Klee Robert Watchous
Phone: (316) 799-1000
Lease Name: SPLITTER
Well Number: 1 SWD

API No.: 15-195-20184-00-01
Permit No: D16159.0
Reporting Year: 2024
(January 1 to December 31)

____ - NW - NW - SW Sec. 21 Twp. 15 S. R. 25 ☐ E ☑ W
(Q/Q/Q/Q)
2699 feet from ☐ N / ☑ S Line of Section
5130 feet from ☑ E / ☐ W Line of Section
County: Trego

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: 0 psi Injection Zone: CEDAR HILLS
Maximum Authorized Injection Rate: 200 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					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November	630				30
December	651				31
TOTAL	1281		0		

Submitted Electronically