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 # 8757
Name: K & L Tank Truck Service, Inc.
Address 1: PO BOX 821
Address 2:
City: GARDEN CITY State: KS Zip: 67846 + 0821
Contact Person: Alfonso Martinez
Phone: (620) 2770101
Lease Name: BLACK
Well Number: 2

API No.: 15-081-20902-00-01
Permit No: D28004.0
Reporting Year: 2024
(January 1 to December 31)

____ - SW - NE - NW Sec. 19 Twp. 27 S. R. 31 ☐ E ☑ W
(Q/Q/Q/Q)
4033 feet from ☐ N / ☑ S Line of Section
3961 feet from ☑ E / ☐ W Line of Section
County: Haskell

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: 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	0	0			31
February	280	0			29
March	0	0			31
April	720	0			30
May	0	0			31
June	0	0			30
July	0	0			31
August	0	0			31
September	0	0			30
October	0	0			31
November	0	0			30
December	0	0			31
TOTAL	1000		0		

Submitted Electronically