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 # 34012
Name: Thomsen Brothers Co., LLC
Address 1: BOX 20
Address 2:
City: LAMONT State: KS Zip: 66855 + 0020
Contact Person: Darrell Thomsen
Phone: (620) 427-4431
Lease Name: CHRISTIE
Well Number: 3

API No.: 15-073-20764-00-01
Permit No: D17830.0
Reporting Year: 2024
(January 1 to December 31)

____ - NE - NW - SE Sec. 36 Twp. 22 S. R. 12 ☑ E ☐ W
(Q/Q/Q/Q)
2593 feet from ☐ N / ☑ S Line of Section
1708 feet from ☑ E / ☐ W Line of Section
County: Greenwood

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: 450 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	6000	0	0		31
February	6000	0	0		29
March	6000	0	0		31
April	6000	0	0		30
May	6200	0	0		31
June	6500	0	0		30
July	6200	0	0		31
August	6500	0	0		31
September	6500	0	0		30
October	6500	0	0		31
November	6000	0	0		30
December	6000		0		31
TOTAL	74400		0		

Submitted Electronically