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 # 32025
Name: Greenwood Resources L.L.C.
Address 1: PO BOX 847
Address 2:
City: PRATT State: KS Zip: 67124 + 0847
Contact Person: Kenneth C Gates
Phone: ( 620 ) 672-2531
Lease Name: MCGILVRAY A
Well Number: W-24

API No.: 15-073-01814-00-01
Permit No: E34154.1
Reporting Year: 2024
*(January 1 to December 31)*

____ - SE - SW - NW Sec. 16 Twp. 23 S. R. 11 ☑ E ☐ W
*(Q/Q/Q/Q)*
2730 feet from ☐ N / ☑ S Line of Section
4413 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: 1000 psi Injection Zone: BARTLESVILLE
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 | 3000 | 0 | 0 | 0 | 31 |
| February | 3750 | 0 | 0 | 0 | 28 |
| March | 4350 | 0 | 0 | 0 | 31 |
| April | 4050 | 0 | 0 | 0 | 30 |
| May | 4500 | 0 | 0 | 0 | 31 |
| June | 4350 | 0 | 0 | 0 | 30 |
| July | 4650 | 0 | 0 | 0 | 31 |
| August | 4650 | 0 | 0 | 0 | 31 |
| September | 4050 | 0 | 0 | 0 | 30 |
| October | 4275 | 0 | 0 | 0 | 31 |
| November | 4425 | 0 | 0 | 0 | 30 |
| December | 4575 | 0 | 0 | 0 | 31 |
| ***TOTAL*** | 50625 | | 0 | | |

Submitted Electronically