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: JONES-SHAFFER A
Well Number: 7

API No.: 15-073-01152-00-00
Permit No: D12388.0
Reporting Year: 2024
*(January 1 to December 31)*

____ - SW - NW - NW Sec. 9 Twp. 23 S. R. 11 ☑ E ☐ W
*(Q/Q/Q/Q)*
4631 feet from ☐ N / ☑ S Line of Section
5199 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: ____ psi Injection Zone: Douglas

Maximum Authorized Injection Rate: ____ 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 | 2610 | 0 | 0 | 0 | 29 |
| February | 2520 | 0 | 0 | 0 | 28 |
| March | 2790 | 0 | 0 | 0 | 31 |
| April | 2520 | 0 | 0 | 0 | 28 |
| May | 2790 | 0 | 0 | 0 | 31 |
| June | 1800 | 0 | 0 | 0 | 20 |
| July | 270 | 0 | 0 | 0 | 3 |
| August | 2790 | 0 | 0 | 0 | 31 |
| September | 2070 | 0 | 0 | 0 | 23 |
| October | 2790 | 0 | 0 | 0 | 31 |
| November | 2700 | 0 | 0 | 0 | 30 |
| December | 2790 | 0 | 0 | 0 | 31 |
| ***TOTAL*** | 28440 | | 0 | | |

Submitted Electronically