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 # 33406
Name: Thomas Garner, Inc.
Address 1: 20 NE 20TH AVE
Address 2:
City: ST JOHN State: KS Zip: 67576 + 8318
Contact Person: Tom Garner
Phone: (620) 7930766
Lease Name: TEICHMAN
Well Number: 1-15

API No.: 15-185-23113-00-01
Permit No: D32650.0
Reporting Year: 2024
(January 1 to December 31)

____ - NW - NE - SE Sec. 15 Twp. 25 S. R. 13 ☐ E ☑ W
(Q/Q/Q/Q)
2307 feet from ☐ N / ☑ S Line of Section
986 feet from ☑ E / ☐ W Line of Section
County: Stafford

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: ARBUCKLE
Maximum Authorized Injection Rate: 2000 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	19000				31
February	16000				29
March	17500				31
April	18000				30
May	19000				31
June	20000				30
July	21500				31
August	21500				31
September	21000				30
October	21500				31
November	20500				30
December	21000				31
TOTAL	236500		0		

Submitted Electronically