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 # 6766
Name: N & W Enterprises, Inc.
Address 1: 1111 S MARGRAVE
Address 2:
City: FORT SCOTT State: KS Zip: 66701 + 2834
Contact Person: Thomas Norris
Phone: (620) 224-0006
Lease Name: GIEFER
Well Number: INJ 19

API No.: 15-037-22265-00-00
Permit No: E23573.18
Reporting Year: 2024
(January 1 to December 31)

____ - NW - NE - SW Sec. 34 Twp. 28 S. R. 22 ☑ E ☐ W
(Q/Q/Q/Q)
2315 feet from ☐ N / ☑ S Line of Section
3756 feet from ☑ E / ☐ W Line of Section
County: Crawford

I. Injection Fluid:

Type *(Pick one)*: ☑ Fresh Water ☐ Treated Brine ☐ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: 0 mg/l Specific Gravity: ____ Additives: 0
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 350 psi Injection Zone: Bartlesville
Maximum Authorized Injection Rate: 100 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	8	8	0	0	31
February	8	8	0	0	29
March	8	8	0	0	30
April	8	8	0	0	30
May	8	8	0	0	31
June	8	8	0	0	30
July	8	8	0	0	31
August	8	8	0	0	31
September	8	8	0	0	30
October	8	8	0	0	31
November	8	8	0	0	30
December	8	8	0	0	31
TOTAL	96		0		

Submitted Electronically