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 # 32044
Name: Trimble & Maclaskey Oil LLC
Address 1: 110 SOUTH ST
Address 2: PO BOX 171
City: GRIDLEY State: KS Zip: 66852 + 0171
Contact Person: Robbi Herrman
Phone: ( 620 ) 836-2000
Lease Name: MACLASKEY B
Well Number: 3

API No.: 15-207-19693-00-02
Permit No: E27080.1
Reporting Year: 2024
*(January 1 to December 31)*

____ - SW - SE - SW Sec. 20 Twp. 23 S. R. 14 ☑ E ☐ W
*(Q/Q/Q/Q)*
246 feet from ☐ N / ☑ S Line of Section
3704 feet from ☑ E / ☐ W Line of Section
County: Woodson

**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: 450 psi Injection Zone: Mississippi
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 | 4650 | 250 | 0 | 0 | 31 |
| February | 4350 | 250 | 0 | 0 | 29 |
| March | 4600 | 250 | 0 | 0 | 31 |
| April | 4500 | 250 | 0 | 0 | 30 |
| May | 4625 | 250 | 0 | 0 | 31 |
| June | 4480 | 250 | 0 | 0 | 30 |
| July | 4650 | 250 | 0 | 0 | 31 |
| August | 4650 | 250 | 0 | 0 | 31 |
| September | 4500 | 250 | 0 | 0 | 30 |
| October | 4625 | 250 | 0 | 0 | 31 |
| November | 4500 | 250 | 0 | 0 | 30 |
| December | 4650 | 250 | 0 | 0 | 31 |
| ***TOTAL*** | 54780 | | 0 | | |

Submitted Electronically