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 # 35220
Name: James P. Williams Enterprises, Inc.
Address 1: 802 MAIN STREET
Address 2: PO BOX 226
City: PALCO State: KS Zip: 67657 + 0226
Contact Person: James P. Williams
Phone: (479) 461-6553
Lease Name: NEWLIN
Well Number: 2

API No.: 15-163-02802-00-02
Permit No: D06262.0
Reporting Year: 2024
(January 1 to December 31)

____ - NE - SW - SE Sec. 29 Twp. 9 S. R. 16 ☐ E ☑ W
(Q/Q/Q/Q)
1063 feet from ☐ N / ☑ S Line of Section
1738 feet from ☑ E / ☐ W Line of Section
County: Rooks

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: 375 psi Injection Zone: CEDAR HILLS
Maximum Authorized Injection Rate: 150 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	2325	0	0	0	31
February	2175	0	0	0	29
March	2325	0	0	0	31
April	2250	0	0	0	30
May	2250	0	0	0	30
June	2250	0	0	0	30
July	2325	0	0	0	31
August	2325	0	0	0	31
September	2250	0	0	0	30
October	2325	0	0	0	31
November	2250	0	0	0	30
December	2325	0	0	0	31
TOTAL	27375		0		

Submitted Electronically