

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 # 5030
Name: Vess Oil Corporation
Address 1: 1700 N WATERFRONT PKWY BLDG 500
Address 2: _____
City: WICHITA State: KS Zip: 67206 + 6619
Contact Person: Michelle Henning
Phone: (316) 682-1537
Lease Name: TRICO UNIT WEST
Well Number: 114W

API No.: 15-065-21509-00-00
Permit No: E17940.4
Reporting Year: 2024
(January 1 to December 31)
SE - SE - NE - SE Sec. 36 Twp. 10 S. R. 21 ☐ E ☒ W
(a/a/a/a)
1549 feet from ☐ N / ☒ S Line of Section
208 feet from ☒ E / ☐ W Line of Section
County: Graham

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: 1650 psi Injection Zone: LANSING-KANSAS CITY
Maximum Authorized Injection Rate: 1000 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	<u>9950</u>				<u>31</u>
	February	<u>9250</u>				<u>29</u>
	March	<u>10850</u>				<u>31</u>
	April	<u>10500</u>				<u>30</u>
	May	<u>11250</u>				<u>31</u>
	June	<u>10500</u>				<u>30</u>
	July	<u>9250</u>				<u>31</u>
	August	<u>10350</u>				<u>31</u>
	September	<u>8250</u>				<u>30</u>
	October	<u>10850</u>				<u>31</u>
	November	<u>10000</u>				<u>30</u>
	December	<u>6450</u>				<u>31</u>
	TOTAL	<u>117450</u>		<u>0</u>		

Submitted Electronically