

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 # 33996
Name: V. Francis Weigel Family Partnership LLC
Address 1: PO BOX 219
Address 2: _____
City: GORHAM State: KS Zip: 67640 + 0219
Contact Person: Cecil F. Weigel
Phone: (785) 637-5383
Lease Name: BRUNGARDT E
Well Number: 2

API No.: 15-167-01657-00-01
Permit No: D19252.0
Reporting Year: 2024
(January 1 to December 31)
____ - SW - NE - NW Sec. 31 Twp. 12 S. R. 15 ☐ E ☒ W
(a/a/a/a)
4303 feet from ☐ N / ☒ S Line of Section
3518 feet from ☒ E / ☐ W Line of Section
County: Russell

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: CEDAR HILLS
Maximum Authorized Injection Rate: 50 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>820</u>	_____	_____	_____	<u>31</u>
	February	<u>795</u>	_____	_____	_____	<u>29</u>
	March	<u>815</u>	_____	_____	_____	<u>31</u>
	April	<u>885</u>	_____	_____	_____	<u>30</u>
	May	<u>801</u>	_____	_____	_____	<u>31</u>
	June	<u>870</u>	_____	_____	_____	<u>30</u>
	July	<u>830</u>	_____	_____	_____	<u>31</u>
	August	<u>815</u>	_____	_____	_____	<u>31</u>
	September	<u>785</u>	_____	_____	_____	<u>30</u>
	October	<u>815</u>	_____	_____	_____	<u>31</u>
	November	<u>750</u>	_____	_____	_____	<u>30</u>
	December	<u>810</u>	_____	_____	_____	<u>31</u>
	TOTAL	<u>9791</u>	_____	<u>0</u>	_____	_____

Submitted Electronically