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 # 34301
Name: Finney, Kyler dba Finney Oil Company
Address 1: PO BOX 87
Address 2:
City: WANN State: OK Zip: 74083 + 0087
Contact Person: Kyler Finney
Phone: ( 918 ) 440-8878
Lease Name: KROEKER-GOLEY
Well Number: 52

API No.: 15-125-27514-00-01
Permit No: E22527.5
Reporting Year: 2024
*(January 1 to December 31)*

____ - NW - NW - SW Sec. 32 Twp. 32 S. R. 15 ☑ E ☐ W
*(Q/Q/Q/Q)*
2126 feet from ☐ N / ☑ S Line of Section
5099 feet from ☑ E / ☐ W Line of Section
County: Montgomery

**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: No
*(Attach water analysis, if available)*

**II. Well Data:**

Maximum Authorized Injection Pressure: 750 psi Injection Zone: Bartlesville
Maximum Authorized Injection Rate: 300 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 | 310 | 200 | 0 | 0 | 31 |
| February | 290 | 200 | 0 | 0 | 29 |
| March | 310 | 200 | 0 | 0 | 31 |
| April | 300 | 200 | 0 | 0 | 30 |
| May | 310 | 200 | 0 | 0 | 31 |
| June | 300 | 200 | 0 | 0 | 30 |
| July | 310 | 200 | 0 | 0 | 31 |
| August | 310 | 200 | 0 | 0 | 31 |
| September | 300 | 200 | 0 | 0 | 30 |
| October | 310 | 200 | 0 | 0 | 31 |
| November | 300 | 200 | 0 | 0 | 30 |
| December | 310 | 200 | 0 | 0 | 31 |
| ***TOTAL*** | 3660 | | 0 | | |

Submitted Electronically