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 # 35625
Name: Talon Group LLC
Address 1: PO BOX 700
Address 2:
City: HAYS State: KS Zip: 67601 + 0700
Contact Person: Valerie Wente
Phone: (785) 656-2644
Lease Name: FROEBE
Well Number: 2-31 OWWO

API No.: 15-101-22125-00-02
Permit No: D34193.0
Reporting Year: 2024
(January 1 to December 31)

W2 - E2 - SE - SW Sec. 31 Twp. 17 S. R. 30 ☐ E ☑ W
(Q/Q/Q/Q)
660 feet from ☐ N / ☑ S Line of Section
3223 feet from ☑ E / ☐ W Line of Section
County: Lane

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: 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	980	0	0	0	14
February	2030	0	0	0	29
March	1820	0	0	0	26
April	1610	0	0	0	23
May	1750	0	0	0	25
June	2100	0	0	0	30
July	2170	0	0	0	31
August	2170	0	0	0	31
September	1960	0	0	0	28
October	2170	0	0	0	31
November	2100	0	0	0	30
December	2170	0	0	0	31
TOTAL	23030		0		

Submitted Electronically