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 # 33354
Name: Myers, Gus & Annie
Address 1: 132A STATE HWY 99 # A
Address 2:
City: SEDAN State: KS Zip: 67361 + 8518
Contact Person: Annie Myers
Phone: (918) 440-2503
Lease Name: WILSON
Well Number: 1

API No.: 15-019-22804-00-01
Permit No: E21271.1
Reporting Year: 2024
(January 1 to December 31)

SW - SW - NW - SW Sec. 14 Twp. 35 S. R. 11 ☑ E ☐ W
(Q/Q/Q/Q)
1212 feet from ☐ N / ☑ S Line of Section
4976 feet from ☑ E / ☐ W Line of Section
County: Chautauqua

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: 300 psi Injection Zone: REDD SAND
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	0	0	0	0	0
February	0	0	0	0	0
March	0	0	0	0	0
April	40	100	0	0	4
May	20	100	0	0	3
June	60	100	0	0	5
July	0	0	0	0	0
August	40	100	0	0	3
September	30	100	0	0	3
October	20	100	0	0	3
November	0	0	0	0	0
December	0	0	0	0	0
TOTAL	210		0		

Submitted Electronically