

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 # 35229
Name: West Place Crude, LLC
Address 1: 23062 Farlin Road
Address 2: _____
City: PARKER State: KS Zip: 66072 + 6013
Contact Person: Todd Wollard
Phone: (913) 963-3101
Lease Name: WOLLARD-ABBOTT
Well Number: 61 W

API No.: 15-107-21794-00-01
Permit No: E26341.1
Reporting Year: 2024
(January 1 to December 31)
____ - NW - NE - SE Sec. 28 Twp. 19 S. R. 22 ☒ E ☐ W
(a/a/a/a)
1990 feet from ☐ N / ☒ S Line of Section
670 feet from ☒ E / ☐ W Line of Section
County: Linn

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: 400 psi Injection Zone: CATTLEMAN SAND
Maximum Authorized Injection Rate: 100 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>0</u>				
	February	<u>0</u>				
	March	<u>100</u>	<u>400</u>			<u>21</u>
	April	<u>100</u>	<u>400</u>			<u>30</u>
	May	<u>100</u>	<u>400</u>			<u>17</u>
	June	<u>100</u>	<u>400</u>			<u>18</u>
	July	<u>100</u>	<u>400</u>			<u>22</u>
	August	<u>100</u>	<u>400</u>			<u>15</u>
	September	<u>100</u>	<u>400</u>			<u>15</u>
	October	<u>100</u>	<u>400</u>			<u>20</u>
	November	<u>0</u>				
	December	<u>0</u>				
	TOTAL	<u>800</u>		<u>0</u>		

Submitted Electronically