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 # 35820
Name: Thresher Energy, Inc.
Address 1: 2 NORTHPOINT DRIVE STE 800
Address 2:
City: HOUSTON State: TX Zip: 77060 + 3237
Contact Person: Raymond Dorothy
Phone: (713) 993-0774
Lease Name: ANDES
Well Number: 2

API No.: 15-035-24329-00-00
Permit No: E30403.1
Reporting Year: 2025
(January 1 to December 31)

____ - SE - SW - NE Sec. 10 Twp. 33 S. R. 5 ☑ E ☐ W
(Q/Q/Q/Q)
2722 feet from ☐ N / ☑ S Line of Section
1361 feet from ☑ E / ☐ W Line of Section
County: Cowley

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: 750 psi Injection Zone: MISSISSIPPIAN
Maximum Authorized Injection Rate: 1000 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		31
February	0		0		29
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
TOTAL	0		0		

Submitted Electronically