

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 # 8490
Name: Keen, Dwight D. & Lenore M. dba Keen Oil Co
Address 1: # 1 TAM O SHANTER CT
Address 2: _____
City: WINFIELD State: KS Zip: 67156 + 6309
Contact Person: Lenore Keen
Phone: (620) 221-6267
Lease Name: HARDY
Well Number: 8

API No.: 15-019-24659-00-01
Permit No: E18248.14
Reporting Year: 2025
(January 1 to December 31)
SW - SE - NE - NW Sec. 20 Twp. 33 S. R. 12 ☒ E ☐ W
(a/a/a/a)
4174 feet from ☐ N / ☒ S Line of Section
3030 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: 500 psi Injection Zone: PERU
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	<u>230</u>	<u>245</u>			<u>21</u>
	February	<u>240</u>	<u>245</u>			<u>23</u>
	March	<u>245</u>	<u>250</u>			<u>20</u>
	April	<u>220</u>	<u>250</u>			<u>24</u>
	May	<u>230</u>	<u>250</u>			<u>21</u>
	June	<u>245</u>	<u>240</u>			<u>24</u>
	July	<u>240</u>	<u>245</u>			<u>27</u>
	August	<u>235</u>	<u>245</u>			<u>25</u>
	September	<u>250</u>	<u>250</u>			<u>22</u>
	October	<u>230</u>	<u>250</u>			<u>19</u>
	November	<u>240</u>	<u>245</u>			<u>21</u>
	December	<u>230</u>	<u>250</u>			<u>20</u>
	TOTAL	<u>2835</u>		<u>0</u>		

Submitted Electronically