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 # 6931
Name: Bowman Oil Company, a General Partnership
Address 1: 606 CEDAR ST
Address 2:
City: CODELL State: KS Zip: 67663 + 1000
Contact Person: Michael W Bowman
Phone: ( 785 ) 434-2286
Lease Name: HELEN
Well Number: A-3

API No.: 15-051-02257-00-02
Permit No: D28471.0
Reporting Year: 2025
*(January 1 to December 31)*

____ - SW - SW - NW Sec. 10 Twp. 11 S. R. 19 ☐ E ☑ W
*(Q/Q/Q/Q)*
2909 feet from ☐ N / ☑ S Line of Section
5223 feet from ☑ E / ☐ W Line of Section
County: Ellis

**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: 200 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 | 850 | 0 | 0 | 0 | 31 |
| February | 741 | 0 | 0 | 0 | 27 |
| March | 850 | 0 | 0 | 0 | 31 |
| April | 823 | 0 | 0 | 0 | 30 |
| May | 850 | 0 | 0 | 0 | 31 |
| June | 795 | 0 | 0 | 0 | 29 |
| July | 1231 | 0 | 0 | 0 | 31 |
| August | 1231 | 0 | 0 | 0 | 31 |
| September | 1191 | 0 | 0 | 0 | 30 |
| October | 1231 | 0 | 0 | 0 | 31 |
| November | 1191 | 0 | 0 | 0 | 30 |
| December | 1231 | 0 | 0 | 0 | 31 |
| ***TOTAL*** | 12215 | | 0 | | |

Submitted Electronically