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 # 33524
Name: Yost, Greg and Candace dba G & C Oil
Address 1: PO BOX 798
Address 2: 1948 E. Hwy 40
City: HAYS State: KS Zip: 67601 + 0798
Contact Person: Greg Yost
Phone: (785) 628-9530
Lease Name: WALTERS G
Well Number: 2

API No.: 15-051-19047-00-02
Permit No: D21517.0
Reporting Year: 2025
(January 1 to December 31)

____ - NW - SW - SW Sec. 11 Twp. 12 S. R. 18 ☐ E ☑ W
(Q/Q/Q/Q)
1038 feet from ☐ N / ☑ S Line of Section
4680 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: 250 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	4960	0			31
February	4480	0			28
March	4960	0			31
April	4800	0			30
May	4960	0			31
June	4800	0			30
July	4960	0			31
August	4960	0			31
September	4800	0			30
October	4960	0			31
November	4800	0			30
December	4960	0			31
TOTAL	58400		0		

Submitted Electronically