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 # 31788
Name: Veenker Resources, Inc.
Address 1: PO BOX 14339
Address 2:
City: OKLAHOMA CITY State: OK Zip: 73113 + 0339
Contact Person: Kim Kirkes
Phone: (405) 751-1414
Lease Name: MEDCALF
Well Number: 19A VRI

API No.: 15-011-24317-00-00
Permit No: E24503.13
Reporting Year: 2025
(January 1 to December 31)

____ - NE - NE - NW Sec. 7 Twp. 24 S. R. 22 ☑ E ☐ W
(Q/Q/Q/Q)
4841 feet from ☐ N / ☑ S Line of Section
3144 feet from ☑ E / ☐ W Line of Section
County: Bourbon

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: 550 psi Injection Zone: BARTLESVILLE
Maximum Authorized Injection Rate: 50 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	480	300			31
February	500	300			28
March	420	300			31
April	460	300			30
May	500	300			31
June	420	300			30
July	480	300			31
August	500	300			31
September	440	300			30
October	420	300			31
November	500	300			30
December	460	300			31
TOTAL	5580		0		

Submitted Electronically