

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 # 35117
Name: Poverty Knob Production, LLC
Address 1: 39395 W 351ST ST.
Address 2: _____
City: OSAWATOMIE State: KS Zip: 66064 + 4214
Contact Person: RANDY OR MISTY KITCHEN
Phone: (913) 731-8367
Lease Name: SOUTH KITCHEN
Well Number: 10 W

API No.: 15-121-25966-00-01
Permit No: E26563.1
Reporting Year: 2025
(January 1 to December 31)
SE - NW - SW - NE Sec. 13 Twp. 18 S. R. 21 ☒ E ☐ W
(a/a/a/a)
3353 feet from ☐ N / ☒ S Line of Section
2235 feet from ☒ E / ☐ W Line of Section
County: Miami

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: 380 psi Injection Zone: SQUIRREL SAND
Maximum Authorized Injection Rate: 61 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>0</u>	<u>0</u>			<u>0</u>
	February	<u>0</u>	<u>0</u>			<u>0</u>
	March	<u>0</u>	<u>0</u>			<u>0</u>
	April	<u>0</u>	<u>0</u>			<u>0</u>
	May	<u>0</u>	<u>0</u>			<u>0</u>
	June	<u>0</u>	<u>0</u>			<u>0</u>
	July	<u>0</u>	<u>0</u>			<u>0</u>
	August	<u>0</u>	<u>0</u>			<u>0</u>
	September	<u>0</u>	<u>0</u>			<u>0</u>
	October	<u>0</u>	<u>0</u>			<u>0</u>
	November	<u>0</u>	<u>0</u>			<u>0</u>
	December	<u>0</u>	<u>0</u>			<u>0</u>
	TOTAL	<u>0</u>		<u>0</u>		

Submitted Electronically