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 # 35564
Name: Owens Oil Company, LLC
Address 1: 1274 202ND RD
Address 2:
City: YATES CENTER State: KS Zip: 66783 + 5411
Contact Person: Jody Owens
Phone: ( 620 ) 496-6804
Lease Name: BOLEN
Well Number: 2I

API No.: 15-031-24558-00-00
Permit No: E28577.3
Reporting Year: 2025
*(January 1 to December 31)*

____ - SW - NE - NW Sec. 15 Twp. 23 S. R. 16 ☑ E ☐ W
*(Q/Q/Q/Q)*
4055 feet from ☐ N / ☑ S Line of Section
3297 feet from ☑ E / ☐ W Line of Section
County: Coffey

**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: 400 psi Injection Zone: Squirrel
Maximum Authorized Injection Rate: 200 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 17 *(Include TA's)*

**III.**

| Month: | Total Fluid Injected BBL | Maximum Fluid Pressure | Total Gas Injected MCF | Maximum Gas Pressure | # Days of Injection |
|---|---|---|---|---|---|
| January | 465 | 400 | 0 | 0 | 31 |
| February | 435 | 400 | 0 | 0 | 28 |
| March | 465 | 400 | 0 | 0 | 31 |
| April | 450 | 400 | 0 | 0 | 30 |
| May | 465 | 400 | 0 | 0 | 31 |
| June | 450 | 400 | 0 | 0 | 30 |
| July | 465 | 400 | 0 | 0 | 31 |
| August | 465 | 400 | 0 | 0 | 31 |
| September | 450 | 400 | 0 | 0 | 30 |
| October | 465 | 400 | 0 | 0 | 31 |
| November | 450 | 400 | 0 | 0 | 30 |
| December | 465 | 400 | 0 | 0 | 31 |
| ***TOTAL*** | 5490 | | 0 | | |

Submitted Electronically