KOLAR Document ID: 1901452

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 # 3313
Name: TM Enterprises, Inc.
Address 1: PO BOX 781821
Address 2:
City: WICHITA State: KS Zip: 67278 + 1821
Contact Person: Martha Tregellas
Phone: (316) 393-5229
Lease Name: KIPFER
Well Number: 6

API No.: 15-073-01613-00-01
Permit No: E05079.2
Reporting Year: 2025
(January 1 to December 31)

__ - NE - NW - SW Sec. 6 Twp. 24 S. R. 11 ☑ E ☐ W
(Q/Q/Q/Q)
3135 feet from ☑ N / ☐ S Line of Section
1005 feet from ☐ E / ☑ W Line of Section
County: Greenwood

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: 800 psi Injection Zone: BARTLESVILLE
Maximum Authorized Injection Rate: 2000 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	689531	50			31
February	4411	50			21
March	5881	50			27
April					
May					
June					
July					
August					
September					
October					
November					
December					
TOTAL	699823		0		

Submitted Electronically