

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 # 33215
Name: Taylor, Robert W. dba Taylor Oil Co.
Address 1: PO BOX 894
Address 2: _____
City: EL DORADO State: KS Zip: 67042 + 0894
Contact Person: Robert W Taylor
Phone: (316) 322-0466
Lease Name: ROBERT
Well Number: 9

API No.: 15-073-23235-00-01
Permit No: D23820.0
Reporting Year: 2025
(January 1 to December 31)
____ - SE - NW - SE Sec. 17 Twp. 28 S. R. 11 ☒ E ☐ W
(a/a/a/a)
1516 feet from ☐ N / ☒ S Line of Section
1971 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: 0 psi Injection Zone: STANTON LS
Maximum Authorized Injection Rate: 400 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>9269</u>	_____	_____	_____	<u>31</u>
	February	<u>8372</u>	_____	_____	_____	<u>28</u>
	March	<u>9269</u>	_____	_____	_____	<u>31</u>
	April	<u>8970</u>	_____	_____	_____	<u>30</u>
	May	<u>9269</u>	_____	_____	_____	<u>31</u>
	June	<u>8970</u>	_____	_____	_____	<u>30</u>
	July	<u>9269</u>	_____	_____	_____	<u>31</u>
	August	<u>9269</u>	_____	_____	_____	<u>31</u>
	September	<u>8970</u>	_____	_____	_____	<u>30</u>
	October	<u>9269</u>	_____	_____	_____	<u>31</u>
	November	<u>8970</u>	_____	_____	_____	<u>30</u>
	December	<u>9269</u>	_____	_____	_____	<u>31</u>
	TOTAL	<u>109135</u>	_____	<u>0</u>	_____	_____

Submitted Electronically