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 # 33406
Name: Thomas Garner, Inc.
Address 1: 305 E 7TH
Address 2:
City: ST JOHN State: KS Zip: 67576 + 1652
Contact Person: Thomas Garner
Phone: (620) 793-0766
Lease Name: FOLEY
Well Number: 2

API No.: 15-185-11850-00-00
Permit No: D09225.0
Reporting Year: 2018
(January 1 to December 31)

____ - ____ - SE - NE Sec. 18 Twp. 25 S. R. 14 ☐ E ☑ W
(Q/Q/Q/Q)
3253 feet from ☐ N / ☑ S Line of Section
559 feet from ☑ E / ☐ W Line of Section
County: Stafford

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: 750 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 5000 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	1500	0			31
February	1200	0			28
March	1500	0			31
April	1500	0			30
May	1400	0			31
June	1500	0			30
July	1600	0			31
August	1500	0			31
September	1400	0			30
October	1500	0			31
November	1500	0			30
December	1600	0			31
TOTAL	17700		0		

Submitted Electronically