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: Tom Garner
Phone: (620) 793-0766
Lease Name: FOLEY
Well Number: 2

API No.: 15-185-11850-00-00
Permit No: D09225.0
Reporting Year: 2019
(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	2000				31
February	1800				28
March	2000				31
April	1800				30
May	2200				31
June	2000				30
July	2400				31
August	2300				31
September	2000				30
October	2100				31
November	1500				28
December	1400				25
TOTAL	23500		0		

Submitted Electronically