1276971

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 # 35026
Name: Brant Energy, LLC
Address 1: 962 ROCK CREEK RD
Address 2:
City: POMONA State: KS Zip: 66076 + __ __ __ __
Contact Person: Chad Thompson
Phone: (785) 229-6565
Lease Name: ANTONE
Well Number: 2

API No.: 15-059-23874-00-01
Permit No: E24769.1
Reporting Year: 2015
(January 1 to December 31)

____ - NE - SW - SE Sec. 15 Twp. 17 S. R. 19 ☑ E ☐ W
(Q/Q/Q/Q)
1157 feet from ☐ N / ☑ S Line of Section
1855 feet from ☑ E / ☐ W Line of Section
County: Franklin

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: 300 psi Injection Zone: SQUIRREL SAND
Maximum Authorized Injection Rate: 40 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	31	100	0		31
February	28	100	0		28
March	31	100	0		31
April	30	100	0		30
May	31	100	0		31
June	30	100	0		30
July	31	100	0		31
August	31	100	0		31
September	30	100	0		30
October	31	100	0		31
November	30	100	0		30
December	31	100	0		31
TOTAL	365		0		

Submitted Electronically