1280353

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 # 32912
Name: Carroll Energy, LLC
Address 1: PO BOX 3950
Address 2:
City: BARTLESVILLE State: OK Zip: 74006 + __ __ __ __
Contact Person: Tim Carroll
Phone: (800) 917-1618
Lease Name: KELLER
Well Number: 1

API No.: 15-205-25107-00-01
Permit No: D27959.0
Reporting Year: 2015
(January 1 to December 31)

____ - SW - NE - NE Sec. 32 Twp. 29 S. R. 15 ☑ E ☐ W
(Q/Q/Q/Q)
4290 feet from ☐ N / ☑ S Line of Section
990 feet from ☑ E / ☐ W Line of Section
County: Wilson

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: 200 psi Injection Zone: Mississippi
Maximum Authorized Injection Rate: 500 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	4000	50	0		31
February	3800	50	0		29
March	4000	50	0		31
April	3800	50	0		30
May	4000	50	0		31
June	3800	50	0		30
July	4000	50	0		31
August	4000	50	0		31
September	3800	50	0		30
October	4000	50	0		31
November	3800	50	0		30
December	4000	50	0		31
TOTAL	47000		0		

Submitted Electronically