1280358

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: TERRELL
Well Number: 4

API No.: 15-019-26691-00-01
Permit No: E28653.1
Reporting Year: 2015
(January 1 to December 31)

____ - SE - SW - SE Sec. 2 Twp. 32 S. R. 9 ☑ E ☐ W
(Q/Q/Q/Q)
390 feet from ☐ N / ☑ S Line of Section
1953 feet from ☑ E / ☐ W Line of Section
County: Chautauqua

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: Mississippi
Maximum Authorized Injection Rate: 900 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	2200	30	0		31
February	2100	30	0		29
March	2200	30	0		31
April	2100	30	0		30
May	2200	30	0		31
June	2100	30	0		30
July	2200	30	0		31
August	2200	30	0		31
September	2100	30	0		30
October	2200	30	0		31
November	2100	30	0		30
December	2200	30	0		31
TOTAL	25900		0		

Submitted Electronically