1281791

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 # 34590
Name: American Tank Service LLC
Address 1: 228 NORTHRIDGE DR.
Address 2:
City: HAYS State: KS Zip: 67601 + __ __ __ __
Contact Person: Pam Breit
Phone: (785) 623-0667
Lease Name: DREILING
Well Number: 2

API No.: 15-051-00051-00-01
Permit No: D17312.0
Reporting Year: 2015
(January 1 to December 31)

SW - SW - SE - NE Sec. 8 Twp. 12 S. R. 17 ☐ E ☑ W
(Q/Q/Q/Q)
2924 feet from ☐ N / ☑ S Line of Section
1022 feet from ☑ E / ☐ W Line of Section
County: Ellis

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: 0 psi Injection Zone: CEDAR HILLS
Maximum Authorized Injection Rate: 1500 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	9000	0	0		0
February	8400	0	0		0
March	9200	0	0		0
April	9300	0	0		0
May	9100	0	0		0
June	9300	0	0		0
July	9400	0	0		0
August	9100	0	0		0
September	9800	0	0		0
October	9500	0	0		0
November	9600	0	0		0
December	9400	0	0		0
TOTAL	111100		0		

Submitted Electronically