KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1285408

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 # 6374
Name: Bailey Oil Co., Inc.
Address 1: 1015 MAIN
Address 2: PO BOX 446
City: NEODESHA State: KS Zip: 66757 + 1637
Contact Person: LaDonna Bailey
Phone: (620) 325-2635
Lease Name: BENEDICT
Well Number: 17

API No.: 15-205-20642-00-01
Permit No: E10231.2
Reporting Year: 2015
(January 1 to December 31)

____ - SE - NE - NW Sec. 27 Twp. 30 S. R. 16 ☑ E ☐ W
(Q/Q/Q/Q)
4260 feet from ☐ N / ☑ S Line of Section
3220 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: 750 psi Injection Zone: BARTLESVILLE
Maximum Authorized Injection Rate: 200 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	60	300	00		6
February	70	300	00		7
March	200	300	00		20
April	260	300	00		26
May	250	300	00		25
June	250	300	00		25
July	250	300	00		25
August	290	300	00		29
September	260	300	00		26
October	240	300	00		24
November	210	300	00		21
December	100	300	00		10
TOTAL	2440		0		

Submitted Electronically