1295137

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 # 34808
Name: Blew Energy, LLC
Address 1: 4215 TIMBER LANE
Address 2:
City: WAMEGO State: KS Zip: 66547 + __ __ __ __
Contact Person: Ken Blew
Phone: (785) 456-7237
Lease Name: REINERS (FEARON N D)
Well Number: 1

API No.: 15-197-00097-00-02
Permit No: D16143.0
Reporting Year: 2015
(January 1 to December 31)

____ - NW - SW - NE Sec. 11 Twp. 11 S. R. 11 ☑ E ☐ W
(Q/Q/Q/Q)
3610 feet from ☐ N / ☑ S Line of Section
2305 feet from ☑ E / ☐ W Line of Section
County: Wabaunsee

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: HUNTON
Maximum Authorized Injection Rate: 800 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	0		0		
February	0		0		
March	0		0		
April	0		0		
May	0		0		
June	0		0		
July	0		0		
August	0		0		
September	0		0		
October	80	0	0		1
November	0		0		
December	0		0		
TOTAL	80		0		

Submitted Electronically