1298302

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 # 35276
Name: B & N GAS COMPANY, LLC
Address 1: 1870 XAVIER
Address 2:
City: MARION State: KS Zip: 66861 + __ __ __ __
Contact Person: Robert Robinson
Phone: (620) 782-7565
Lease Name: CARLSON C
Well Number: 1

API No.: 15-115-19327-00-00
Permit No: D20286.0
Reporting Year: 2015
(January 1 to December 31)

____ - W2 - W2 - SW Sec. 18 Twp. 18 S. R. 5 ☑ E ☐ W
(Q/Q/Q/Q)
1320 feet from ☐ N / ☑ S Line of Section
4950 feet from ☑ E / ☐ W Line of Section
County: Marion

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: ARBUCKLE
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	3100	0	0		31
February	2800	0	0		28
March	3100	0	0		31
April	3000	0	0		30
May	3100	0	0		31
June	3000	0	0		30
July	3100	0	0		31
August	3100	0	0		31
September	3000	0	0		30
October	3100	0	0		31
November	3000	0	0		30
December	3100	0	0		31
TOTAL	36500		0		

Submitted Electronically