1327986

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 # 35191
Name: Buffalo Oil & Gas, LLC
Address 1: 119 N. MICHIGAN ST.
Address 2: PO BOX 6
City: OXFORD State: KS Zip: 67119 + ___ ___ ___ ___
Contact Person: Don Short
Phone: (620) 218-1809
Lease Name: BRANT
Well Number: 1

API No.: 15-035-21817-00-01
Permit No: E26809.1
Reporting Year: 2016
(January 1 to December 31)

____ - NE - SW - SW Sec. 18 Twp. 34 S. R. 3 ☑ E ☐ W
(Q/Q/Q/Q)
822 feet from ☐ N / ☑ S Line of Section
4367 feet from ☑ E / ☐ W Line of Section
County: Cowley

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: 100 psi Injection Zone: BARTLESVILLE
Maximum Authorized Injection Rate: 1000 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	5580	100	0		31
February	5220	100	0		29
March	5580	100	0		31
April	5400	100	0		30
May	5580	100	0		31
June	5400	100	0		30
July	5580	100	0		31
August	5580	100	0		31
September	5400	100	0		30
October	5580	100	0		31
November	5400	100	0		30
December	5580	100	0		31
TOTAL	65880		0		

Submitted Electronically