KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1333561

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: 2016
(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: 1 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	100	300	0		10
February	50	300	0		5
March	100	300	0		10
April	200	300	0		20
May	300	300	0		30
June	300	300	0		30
July	310	300	0		30
August	250	300	0		25
September	100	300	0		10
October	0		0		
November	0		0		
December	0		0		
TOTAL	1710		0		

Submitted Electronically