1334422

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: 2016
*(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 | 1500 | 0 | 0 | | 31 |
| February | 1600 | 0 | 0 | | 28 |
| March | 1650 | 0 | 0 | | 31 |
| April | 1500 | 0 | 0 | | 30 |
| May | 1550 | 0 | 0 | | 31 |
| June | 1950 | 0 | 0 | | 30 |
| July | 1550 | 0 | 0 | | 31 |
| August | 1500 | 0 | 0 | | 31 |
| September | 1500 | 0 | 0 | | 30 |
| October | 1500 | 0 | 0 | | 31 |
| November | 1500 | 0 | 0 | | 30 |
| December | 1500 | 0 | 0 | | 31 |
| ***TOTAL*** | 18800 | | 0 | | |

Submitted Electronically