1346058

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 # 35342
Name: Braden Oil, LLC
Address 1: 516 S. MILL RD.
Address 2:
City: LEON State: KS Zip: 67074 + __ __ __ __
Contact Person: Jennifer Braden
Phone: (316) 390-9819
Lease Name: WOODS C
Well Number: 1

API No.: 15-015-20908-00-01
Permit No: D28180.0
Reporting Year: 2016
(January 1 to December 31)

____ - SE - SE - SE Sec. 17 Twp. 29 S. R. 6 ☑ E ☐ W
(Q/Q/Q/Q)
330 feet from ☐ N / ☑ S Line of Section
330 feet from ☑ E / ☐ W Line of Section
County: Butler

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: 500 psi Injection Zone: MISSISSIPPIAN
Maximum Authorized Injection Rate: 750 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	0	0		31
February	5040	0	0		28
March	5580	0	0		31
April	5400	0	0		30
May	5580	0	0		31
June	5400	0	0		30
July	5580	0	0		31
August	5580	0	0		31
September	5400	0	0		30
October	5580	0	0		31
November	5400	0	0		30
December	5580	0	0		31
TOTAL	65700		0		

Submitted Electronically