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 # 35026
Name: Brant Energy, LLC
Address 1: 962 ROCK CREEK RD
Address 2:
City: POMONA State: KS Zip: 66076 + __ __ __ __
Contact Person: Chad Thompson
Phone: (785) 229-6565
Lease Name: CHISAM
Well Number: 10 W

API No.: 15-121-27182-00-01
Permit No: E13055.46
Reporting Year: 2017
(January 1 to December 31)

____ - SW - NE - SE Sec. 15 Twp. 19 S. R. 22 ☑ E ☐ W
(Q/Q/Q/Q)
1978 feet from ☐ N / ☑ S Line of Section
951 feet from ☑ E / ☐ W Line of Section
County: Miami

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: SQUIRREL SAND
Maximum Authorized Injection Rate: 61 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	0		0		
February	0		0		
March	0		0		
April	0		0		
May	0		0		
June	0		0		
July	0		0		
August	31	200	0		31
September	30	200	0		30
October	31	200	0		31
November	30	200	0		30
December	31	200	0		31
TOTAL	153		0		

Submitted Electronically