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 # 33894
Name: Van Oil, Inc.
Address 1: 307 N 4TH
Address 2: PO BOX 412
City: MADISON State: KS Zip: 66860 + ___ ___ ___ ___
Contact Person: Bruce C Vanderman
Phone: (620) 794-6219
Lease Name: HUMES
Well Number: 11

API No.: 15-073-23693-00-01
Permit No: E30792.1
Reporting Year: 2017
(January 1 to December 31)

NE - NE - SW - SW Sec. 29 Twp. 22 S. R. 11 ☑ E ☐ W
(Q/Q/Q/Q)
990 feet from ☐ N / ☑ S Line of Section
4290 feet from ☑ E / ☐ W Line of Section
County: Greenwood

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: 300 psi Injection Zone: BARTLESVILLE
Maximum Authorized Injection Rate: 200 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	340	0	0		31
February	330	0	0		28
March	330	0	0		31
April	310	0	0		30
May	270	0	0		22
June	330	0	0		30
July	300	0	0		31
August	320	0	0		31
September	320	0	0		30
October	310	0	0		29
November	320	0	0		30
December	340	0	0		27
TOTAL	3820		0		

Submitted Electronically