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 # 3895
Name: Bobcat Oilfield Service, Inc.
Address 1: 602 W. AMITY SUITE 103
Address 2:
City: LOUISBURG State: KS Zip: 66053 + 8108
Contact Person: Rob Eberhart II
Phone: ( 913 ) 837-5199
Lease Name: MCCANN
Well Number: DW 1

API No.: 15-121-27019-00-00
Permit No: D26118.0
Reporting Year: 2017
*(January 1 to December 31)*

____ - NE - NW - NW Sec. 30 Twp. 16 S. R. 22 ☑ E ☐ W
*(Q/Q/Q/Q)*
4950 feet from ☐ N / ☑ S Line of Section
2310 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: 0 psi Injection Zone: Mississippi
Maximum Authorized Injection Rate: 1000 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 | 0 | | 0 | | |
| February | 0 | | 0 | | |
| March | 40 | 0 | 0 | | 31 |
| April | 40 | 0 | 0 | | 30 |
| May | 0 | | 0 | | |
| June | 40 | 0 | 0 | | 30 |
| July | 40 | 0 | 0 | | 31 |
| August | 0 | | 0 | | |
| September | 0 | | 0 | | |
| October | 0 | | 0 | | |
| November | 40 | 0 | 0 | | 30 |
| December | 0 | | 0 | | |
| ***TOTAL*** | 200 | | 0 | | |

Submitted Electronically