

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 # 5610
Name: Bruce Oil Company, L.L.C.
Address 1: 1704 LIMESTONE RD
Address 2: _____
City: MCPHERSON State: KS Zip: 67460 + 6500
Contact Person: Lonny Bruce
Phone: (620) 241-2938
Lease Name: ADSIT
Well Number: 5

API No.: 15-191-11028-00-01
Permit No: E20452.1
Reporting Year: 2017
(January 1 to December 31)
____ - NE - SE - NE Sec. 14 Twp. 34 S. R. 2 ☒ E ☐ W
(a/a/a/a)
3667 feet from ☐ N / ☒ S Line of Section
457 feet from ☒ E / ☐ W Line of Section
County: Sumner

I. Injection Fluid:

Type (Pick one): ☐ Fresh Water ☐ Treated Brine ☒ Untreated Brine ☐ Water/Brine
Source: ☒ Produced Water ☐ Other (Attach list)
Quality: Total Dissolved Solids: NA mg/l Specific Gravity: NA Additives: 0
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 1000 psi Injection Zone: Miss
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	<u>7130</u>	<u>0</u>	<u>0</u>		<u>31</u>
	February	<u>7130</u>	<u>0</u>	<u>0</u>		<u>28</u>
	March	<u>7130</u>	<u>0</u>	<u>0</u>		<u>31</u>
	April	<u>7130</u>	<u>0</u>	<u>0</u>		<u>30</u>
	May	<u>7130</u>	<u>0</u>	<u>0</u>		<u>31</u>
	June	<u>7130</u>	<u>0</u>	<u>0</u>		<u>30</u>
	July	<u>7130</u>	<u>0</u>	<u>0</u>		<u>31</u>
	August	<u>7130</u>	<u>0</u>	<u>0</u>		<u>31</u>
	September	<u>7130</u>	<u>0</u>	<u>0</u>		<u>30</u>
	October	<u>7130</u>	<u>0</u>	<u>0</u>		<u>31</u>
	November	<u>7130</u>	<u>0</u>	<u>0</u>		<u>30</u>
	December	<u>7130</u>	<u>0</u>	<u>0</u>		<u>31</u>
	TOTAL	<u>85560</u>		<u>0</u>		

Submitted Electronically