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 # 32346
Name: B5 Operating, LLC
Address 1: PO BOX 45
Address 2:
City: WELLINGTON State: KS Zip: 67152 + __ __ __ __
Contact Person: Mitch Bartelson
Phone: (620) 326-0486
Lease Name: TURNEY
Well Number: 2

API No.: 15-191-20519-00-00
Permit No: D18015.0
Reporting Year: 2017
(January 1 to December 31)

____ - S2 - SW - SW Sec. 13 Twp. 30 S. R. 1 ☐ E ☑ W
(Q/Q/Q/Q)
330 feet from ☐ N / ☑ S Line of Section
4620 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: _____ mg/l Specific Gravity: _____ Additives: _____
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 0 psi Injection Zone: STALNAKER
Maximum Authorized Injection Rate: 450 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 0 *(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	2604	0	0		28
March	2883	0	0		31
April	2790	0	0		30
May	2883	0	0		31
June	2790	0	0		30
July	2883	0	0		31
August	2883	0	0		31
September	2610	0	0		30
October	2697	0	0		31
November	2610	0	0		30
December	2697	0	0		31
TOTAL	30330		0		

Submitted Electronically