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 # 5446
Name: Giles, Benjamin M.
Address 1: 346 S. LULU
Address 2:
City: WICHITA State: KS Zip: 67211 + __ __ __ __
Contact Person: Ben Giles
Phone: (316) 265-1992
Lease Name: PAULSEN
Well Number: 8B

API No.: 15-015-21486-00-01
Permit No: D25278.0
Reporting Year: 2017
(January 1 to December 31)

____ - SW - SW - SW Sec. 2 Twp. 26 S. R. 4 ☑ E ☐ W
(Q/Q/Q/Q)
403 feet from ☐ N / ☑ S Line of Section
4946 feet from ☑ E / ☐ W Line of Section
County: Butler

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: ARBUCKLE
Maximum Authorized Injection Rate: 5000 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	18600	0	0		31
February	16800	0	0		28
March	18600	0	0		31
April	18000	0	0		30
May	18600	0	0		31
June	18000	0	0		30
July	18600	0	0		31
August	18600	0	0		31
September	18000	0	0		30
October	18600	0	0		31
November	18000	0	0		30
December	18600	0	0		31
TOTAL	219000		0		

Submitted Electronically