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 # 35497
Name: RedBud Oil & Gas Operating, LLC
Address 1: 16000 STUEBNER AIRLINE RD SUITE 320
Address 2:
City: SPRING State: TX Zip: 77379 + __ __ __ __
Contact Person: Bill Barks
Phone: ( 832 ) 698-4901
Lease Name: AMBROSE
Well Number: A1-25 SWD

API No.: 15-205-26000-00-00
Permit No: D28505.0
Reporting Year: 2017
*(January 1 to December 31)*

____ - NW - NW - NW Sec. 25 Twp. 30 S. R. 14 ☑ E ☐ W
*(Q/Q/Q/Q)*
4819 feet from ☐ N / ☑ S Line of Section
5160 feet from ☑ E / ☐ W Line of Section
County: Wilson

**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: Arbuckle
Maximum Authorized Injection Rate: 8000 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 | 0 | | 0 | | |
| February | 0 | | 0 | | |
| March | 0 | | 0 | | |
| April | 0 | | 0 | | |
| May | 0 | | 0 | | |
| June | 0 | | 0 | | |
| July | 0 | | 0 | | |
| August | 6440 | 0 | 0 | | 31 |
| September | 5188 | 0 | 0 | | 30 |
| October | 7589 | 0 | 0 | | 31 |
| November | 5890 | 0 | 0 | | 30 |
| December | 1300 | 0 | 0 | | 29 |
| ***TOTAL*** | 26407 | | 0 | | |

Submitted Electronically