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 # 32296
Name: Cox, William P. & Lisa A. dba B & L Oil
Address 1: 2367 KS HWY 58
Address 2:
City: MADISON State: KS Zip: 66860 + __ __ __ __
Contact Person: WILLIAM P COX
Phone: (620) 437-2923
Lease Name: NISBET W
Well Number: B 1

API No.: 15-073-01066-00-01
Permit No: E27956.1
Reporting Year: 2017
(January 1 to December 31)

____ - ____ - N2 - NW Sec. 6 Twp. 24 S. R. 12 ☑ E ☐ W
(Q/Q/Q/Q)
3990 feet from ☐ N / ☑ S Line of Section
4700 feet from ☑ E / ☐ W Line of Section
County: Greenwood

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: 850 psi Injection Zone: BARTLESVILLE
Maximum Authorized Injection Rate: 750 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	3850	700	0		31
February	3800	700	0		28
March	3820	700	0		30
April	3910	700	0		30
May	3920	700	0		31
June	3890	700	0		30
July	3870	700	0		31
August	3900	700	0		31
September	3910	700	0		30
October	3900	700	0		31
November	3890	700	0		30
December	3900	700	0		31
TOTAL	46560		0		

Submitted Electronically