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 # 32819
Name: Baird Oil Company LLC
Address 1: 113 W MAIN
Address 2: PO BOX 428
City: LOGAN State: KS Zip: 67646 + ___ ___ ___ ___
Contact Person: Bryant Reese
Phone: (785) 689-7456
Lease Name: SCHOELLER
Well Number: SWD 2

API No.: 15-163-21614-00-01
Permit No: D22443.0
Reporting Year: 2017
(January 1 to December 31)

___ - NW - SE - SE Sec. 19 Twp. 7 S. R. 19 ☐ E ☑ W
(Q/Q/Q/Q)
922 feet from ☐ N / ☑ S Line of Section
931 feet from ☑ E / ☐ W Line of Section
County: Rooks

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: 200 psi Injection Zone: CEDAR HILLS
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	4650	0	0		31
February	4200	0	0		28
March	4650	0	0		31
April	4500	0	0		30
May	4650	0	0		31
June	4500	0	0		30
July	4650	0	0		31
August	4650	0	0		31
September	4500	0	0		30
October	4650	0	0		31
November	4500	0	0		30
December	4650	0	0		31
TOTAL	54750		0		

Submitted Electronically