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 # 35018
Name: Entransco Energy, LLC
Address 1: PO BOX 578
Address 2:
City: DEWEY State: OK Zip: 74029 + __ __ __ __
Contact Person: Ray Gilbert
Phone: (918) 331-6708
Lease Name: GEORGE EISELE
Well Number: 5

API No.: 15-205-24852-00-00
Permit No: E23535.2
Reporting Year: 2018
(January 1 to December 31)

____ - S2 - S2 - S2 Sec. 23 Twp. 29 S. R. 15 ☑ E ☐ W
(Q/Q/Q/Q)
90 feet from ☐ N / ☑ S Line of Section
2640 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: 700 psi Injection Zone: Bartlesville
Maximum Authorized Injection Rate: 250 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	183	550			31
February	135	550			28
March	178	550			31
April	169	550			30
May	184	550			31
June	177	550			30
July	188	550			31
August	185	550			31
September	168	550			30
October	187	550			31
November	173	550			30
December	168	550			31
TOTAL	2095		0		

Submitted Electronically