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 # 6628
Name: Blaes, William E.
Address 1: 458 S 5150 ST
Address 2:
City: CHERRYVALE State: KS Zip: 67335 + 8884
Contact Person: William E Blaes
Phone: ( 620 ) 336-2807
Lease Name: BLAES
Well Number: 2

API No.: 15-125-01639-00-01
Permit No: E21873.1
Reporting Year: 2018
*(January 1 to December 31)*

NE - NW - NW - NE Sec. 18 Twp. 32 S. R. 17 ☑ E ☐ W
*(Q/Q/Q/Q)*
5047 feet from ☐ N / ☑ S Line of Section
3217 feet from ☑ E / ☐ W Line of Section
County: Montgomery

**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: Bartlesville
Maximum Authorized Injection Rate: 100 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

**III.**

| Month: | Total Fluid Injected BBL | Maximum Fluid Pressure | Total Gas Injected MCF | Maximum Gas Pressure | # Days of Injection |
|---|---|---|---|---|---|
| January | 95 | 0 | 0 | 0 | 31 |
| February | 80 | 0 | 0 | 0 | 28 |
| March | 110 | 0 | 0 | 0 | 31 |
| April | 95 | 0 | 0 | 0 | 30 |
| May | 110 | 0 | 0 | 0 | 31 |
| June | 105 | 0 | 0 | 0 | 30 |
| July | 110 | 0 | 0 | 0 | 31 |
| August | 120 | 0 | 0 | 0 | 31 |
| September | 105 | 0 | 0 | 0 | 30 |
| October | 115 | 0 | 0 | 0 | 31 |
| November | 100 | 0 | 0 | 0 | 30 |
| December | 110 | 0 | 0 | 0 | 31 |
| ***TOTAL*** | 1255 | | 0 | | |

Submitted Electronically