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 # 35316
Name: Birch Creek, LLC
Address 1: P O BOX 338
Address 2:
City: DEWEY State: OK Zip: 74029 + __ __ __ __
Contact Person: John Rountree
Phone: (918) 440-9639
Lease Name: BOWMAN SOUTH
Well Number: 10

API No.: 15-019-25573-00-01
Permit No: E25017.2
Reporting Year: 2018
(January 1 to December 31)

____ - NE - SE - SW Sec. 11 Twp. 35 S. R. 12 ☑ E ☐ W
(Q/Q/Q/Q)
1216 feet from ☐ N / ☑ S Line of Section
3272 feet from ☑ E / ☐ W Line of Section
County: Chautauqua

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: 600 psi Injection Zone: WAYSIDE SAND
Maximum Authorized Injection Rate: 600 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	0		0
February	0	0	0		0
March	0	0	0		0
April	0	0	0		0
May	0	0	0		0
June	0	0	0		0
July	0	0	0		0
August	0	0	0		0
September	0	0	0		0
October	860	-15	0		25
November	1090	-15	0		30
December	1128	-15	0		31
TOTAL	3078		0		

Submitted Electronically