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: JANSONIUS
Well Number: 1-23

API No.: 15-137-20502-00-00
Permit No: D30398.0
Reporting Year: 2018
*(January 1 to December 31)*

NE - NW - NW - NE Sec. 23 Twp. 4 S. R. 21 ☐ E ☑ W
*(Q/Q/Q/Q)*
4963 feet from ☐ N / ☑ S Line of Section
1953 feet from ☑ E / ☐ W Line of Section
County: Norton

**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: 0 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 | 3100 | 0 | 0 | | 31 |
| February | 2800 | 0 | 0 | | 28 |
| March | 3100 | 0 | 0 | | 31 |
| April | 3000 | 0 | 0 | | 30 |
| May | 3100 | 0 | 0 | | 31 |
| June | 3000 | 0 | 0 | | 30 |
| July | 3100 | 0 | 0 | | 31 |
| August | 3100 | 0 | 0 | | 31 |
| September | 3000 | 0 | 0 | | 30 |
| October | 3100 | 0 | 0 | | 31 |
| November | 3000 | 0 | 0 | | 30 |
| December | 3100 | 0 | 0 | | 31 |
| ***TOTAL*** | 36500 | | 0 | | |

Submitted Electronically