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 # 5920
Name: Bandy, Terry P. dba Te-Pe Oil & Gas
Address 1: PO BOX 522
Address 2:
City: CANTON State: KS Zip: 67428 + 0522
Contact Person: Terry P Bandy
Phone: ( 620 ) 628-4428
Lease Name: CODY
Well Number: 8

API No.: 15-159-21453-00-00
Permit No: D21259.0
Reporting Year: 2018
*(January 1 to December 31)*

____ - SE - SW - NE Sec. 8 Twp. 18 S. R. 10 ☐ E ☑ W
*(Q/Q/Q/Q)*
2962 feet from ☐ N / ☑ S Line of Section
1741 feet from ☑ E / ☐ W Line of Section
County: Rice

**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: ARBUCKLE
Maximum Authorized Injection Rate: 1500 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 | 5481 | 0 | 0 | | 31 |
| February | 4944 | 0 | 0 | | 28 |
| March | 5549 | 0 | 0 | | 31 |
| April | 5370 | 0 | 0 | | 30 |
| May | 5481 | 0 | 0 | | 31 |
| June | 5370 | 0 | 0 | | 30 |
| July | 5428 | 0 | 0 | | 31 |
| August | 5549 | 0 | 0 | | 31 |
| September | 5342 | 0 | 0 | | 30 |
| October | 5559 | 0 | 0 | | 31 |
| November | 5096 | 0 | 0 | | 30 |
| December | 5673 | 0 | 0 | | 31 |
| ***TOTAL*** | 64842 | | 0 | | |

Submitted Electronically