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 # 7217
Name: Brady Fluid Service, Inc.
Address 1: PO BOX 1713
Address 2:
City: GARDEN CITY State: KS Zip: 67846 + 1713
Contact Person: DAN DREILING
Phone: ( 620 ) 277-5350
Lease Name: BRADY
Well Number: 1-SWD

API No.: 15-055-21030-00-01
Permit No: D26886.0
Reporting Year: 2018
*(January 1 to December 31)*

____ - SE - NW - SE Sec. 15 Twp. 22 S. R. 34 ☐ E ☑ W
*(Q/Q/Q/Q)*
1980 feet from ☐ N / ☑ S Line of Section
1650 feet from ☑ E / ☐ W Line of Section
County: Finney

**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: 1000 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 | 2892 | 0 | 0 | 0 | 20 |
| February | 7115 | 0 | 0 | 0 | 28 |
| March | 4866 | 0 | 0 | 0 | 25 |
| April | 6683 | 0 | 0 | 0 | 30 |
| May | 9266 | 0 | 0 | 0 | 30 |
| June | 360 | 0 | 0 | 0 | 3 |
| July | 11408 | 0 | 0 | 0 | 30 |
| August | 9760 | 0 | 0 | 0 | 30 |
| September | 6533 | 0 | 0 | 0 | 30 |
| October | 3097 | 0 | 0 | 0 | 20 |
| November | 3958 | 0 | 0 | 0 | 30 |
| December | 6111 | 0 | 0 | 0 | 30 |
| ***TOTAL*** | 72049 | | 0 | | |

Submitted Electronically