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 # 30029
Name: Standard Operating Company
Address 1: 100 S. Main Suite 505
Address 2:
City: WICHITA State: KS Zip: 67212 + 3276
Contact Person: David Pauly
Phone: (316) 721-2020
Lease Name: BOLLIG OWWO
Well Number: 4

API No.: 15-195-20160-00-01
Permit No: D23076.0
Reporting Year: 2018
(January 1 to December 31)

____ - NW - NW - NW Sec. 22 Twp. 14 S. R. 22 ☐ E ☑ W
(Q/Q/Q/Q)
4647 feet from ☐ N / ☑ S Line of Section
4726 feet from ☑ E / ☐ W Line of Section
County: Trego

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: 50 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	8100	0	0		30
February	7560	0	0		28
March	8370	0	0		31
April	5100	0	0		30
May	4860	0	0		18
June	8100	0	0		30
July	8370	0	0		31
August	8370	0	0		31
September	8100	0	0		30
October	8100	0	0		30
November	8100	0	0		30
December	7830	0	0		29
TOTAL	90960		0		

Submitted Electronically