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 # 5452
Name: Pappageorge, S. Charles Estate dba Bell Brothers
Address 1: 203 N JEFFERSON ST
Address 2: PO BOX 8580
City: ROBINSON State: IL Zip: 62454 + 8580
Contact Person: Kenneth Pappageorge
Phone: (618) 544-2157
Lease Name: VON LINTEL
Well Number: 6

API No.: 15-051-04165-00-01
Permit No: D09027.0
Reporting Year: 2019
(January 1 to December 31)

____ - SW - NE - NW Sec. 26 Twp. 13 S. R. 17 ☐ E ☑ W
(Q/Q/Q/Q)
4461 feet from ☐ N / ☑ S Line of Section
3740 feet from ☑ E / ☐ W Line of Section
County: Ellis

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: 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	6298	0	0		31
February	5168	0	0		28
March	3992	0	0		31
April	5980	0	0		30
May	5955	0	0		31
June	5921	0	0		30
July	6243	0	0		31
August	6043	0	0		31
September	6088		0		30
October	6054	0	0		31
November	7296	0	0		30
December	6731	0	0		31
TOTAL	71769		0		

Submitted Electronically