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 # 33345
Name: Bollinger, Jerald
Address 1: 317 South Highland Ave
Address 2:
City: CHANUTE State: KS Zip: 66720 + 1411
Contact Person: Jerald Bollinger
Phone: (620) 212-8438
Lease Name: BOLLINGER
Well Number: 17

API No.: 15-011-21085-00-01
Permit No: E22048.3
Reporting Year: 2019
(January 1 to December 31)

____ - SW - NE - NW Sec. 35 Twp. 26 S. R. 21 ☑ E ☐ W
(Q/Q/Q/Q)
4571 feet from ☐ N / ☑ S Line of Section
3510 feet from ☑ E / ☐ W Line of Section
County: Bourbon

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: 100 psi Injection Zone: Bartlesville
Maximum Authorized Injection Rate: 20 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					
February					
March	10	20			18
April	10	20			30
May	10	20			31
June	10	20			30
July	10	20			31
August	10	20			31
September	10	20			30
October	10	20			31
November	10	20			30
December	10	20			16
TOTAL	100		0		

Submitted Electronically