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 # 32557
Name: Bluestem, Inc
Address 1: 1226 W COUNTY LINE RD
Address 2:
City: CEDAR VALE State: KS Zip: 67024 + 9066
Contact Person: Evelyn A Montgomery
Phone: ( 620 ) 758-2809
Lease Name: MONTGOMERY 2 OWWO
Well Number: 1

API No.: 15-019-25642-00-01
Permit No: D26494.0
Reporting Year: 2019
*(January 1 to December 31)*

NW - SW - SE - SW Sec. 22 Twp. 33 S. R. 8 ☑ E ☐ W
*(Q/Q/Q/Q)*
632 feet from ☐ N / ☑ S Line of Section
3764 feet from ☑ E / ☐ W Line of Section
County: Chautauqua

**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 | | | | | |
| February | | | | | |
| March | | | | | |
| April | | | | | |
| May | | | | | |
| June | | | | | |
| July | | | | | |
| August | | | | | |
| September | | | | | |
| October | | | | | |
| November | | | | | |
| December | | | | | |
| ***TOTAL*** | 0 | | 0 | | |

Submitted Electronically