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 # 7383
Name: Grady Bolding Corporation
Address 1: 114 NORTH MAIN
Address 2: PO BOX 486
City: ELLINWOOD State: KS Zip: 67526 + 0486
Contact Person: Lyle L. Gunn
Phone: (620) 564-2240
Lease Name: SELBE
Well Number: 3

API No.: 15-185-22277-00-01
Permit No: E27704.1
Reporting Year: 2019
(January 1 to December 31)

____ - SE - NW - NE Sec. 5 Twp. 23 S. R. 14 ☐ E ☑ W
(Q/Q/Q/Q)
4322 feet from ☐ N / ☑ S Line of Section
1683 feet from ☑ E / ☐ W Line of Section
County: Stafford

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: 1000 psi Injection Zone: LANSING
Maximum Authorized Injection Rate: 500 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	11501	0	0		31
February	10388	0	0		28
March	11501	0	0		31
April	11130	0	0		30
May	11501	0	0		31
June	11130	0	0		30
July	11501	0	0		31
August	11501	0	0		31
September	11130	0	0		30
October	11501	0	0		31
November	11130	0	0		30
December	11501	0	0		31
TOTAL	135415		0		

Submitted Electronically