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 # 34518
Name: Basgall Oil LLC
Address 1: 1403 W 44TH ST.
Address 2:
City: HAYS State: KS Zip: 67601 + 1416
Contact Person: Brad Basgall
Phone: (785) 650-1809
Lease Name: STORM
Well Number: 3

API No.: 15-051-21185-00-01
Permit No: D18716.0
Reporting Year: 2019
(January 1 to December 31)

____ - SE - NW - NE Sec. 34 Twp. 13 S. R. 20 ☐ E ☑ W
(Q/Q/Q/Q)
4135 feet from ☐ N / ☑ S Line of Section
1588 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: GRANIT WASH
Maximum Authorized Injection Rate: 2000 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	7760				31
February	6780				28
March	7600				31
April	6100				30
May	8640				31
June	7700				30
July	6660				31
August	9540				31
September	9060				30
October	8160				31
November	4740				30
December	8640				31
TOTAL	91380		0		

Submitted Electronically