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 # 34744
Name: ACL Production, LLC
Address 1: 416 PEARL ST
Address 2:
City: INDEPENDENCE State: KS Zip: 67301 + 2033
Contact Person: Mike Taylor
Phone: (620) 330-0453
Lease Name: GRUVER
Well Number: 102

API No.: 15-125-26833-00-01
Permit No: E24625.8
Reporting Year: 2019
(January 1 to December 31)

____ - NW - NE - NE Sec. 6 Twp. 33 S. R. 15 ☑ E ☐ W
(Q/Q/Q/Q)
4713 feet from ☐ N / ☑ S Line of Section
1287 feet from ☑ E / ☐ W Line of Section
County: Montgomery

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: 300 psi Injection Zone: Bartlesville
Maximum Authorized Injection Rate: 200 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	0	0			0
February	0	0			0
March	0	0			0
April	0	0			0
May	0	0			0
June	0	0			0
July	0	0			0
August	0	0			0
September	0	0			0
October	0	0			0
November	0	0			0
December	0	0			0
TOTAL	0		0		

Submitted Electronically