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 # 33474
Name: Armadilla Oil & Gas, LLC
Address 1: 2045 340TH ST
Address 2:
City: MADISON State: KS Zip: 66860 + 8552
Contact Person: Justin Sage
Phone: (620) 437-6009
Lease Name: BACHELDER
Well Number: 3

API No.: 15-207-20235-00-01
Permit No: D16719.0
Reporting Year: 2019
(January 1 to December 31)

____ - SE - SE - SE Sec. 17 Twp. 25 S. R. 14 ☑ E ☐ W
(Q/Q/Q/Q)
300 feet from ☐ N / ☑ S Line of Section
250 feet from ☑ E / ☐ W Line of Section
County: Woodson

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: 500 psi Injection Zone: CATTLEMAN SAND
Maximum Authorized Injection Rate: 16 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	2	20			25
February	2	20			28
March	3	20			30
April	3	20			30
May	3	20			31
June	3	20			30
July	3	20			31
August	3	20			20
September	2	20			15
October	2	20			24
November	3	20			30
December	3	20			31
TOTAL	32		0		

Submitted Electronically