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 # 33844
Name: Black Gold Well Service, Inc.
Address 1: 9868 NW PARALLEL RD
Address 2:
City: TOWANDA State: KS Zip: 67144 + 9381
Contact Person: Jeremy Hurt
Phone: (316) 323-4734
Lease Name: CORFMAN
Well Number: 4A

API No.: 15-015-21162-00-01
Permit No: E30115.1
Reporting Year: 2020
(January 1 to December 31)

____ - SE - SE - NW Sec. 21 Twp. 25 S. R. 4 ☑ E ☐ W
(Q/Q/Q/Q)
2989 feet from ☐ N / ☑ S Line of Section
2996 feet from ☑ E / ☐ W Line of Section
County: Butler

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: _____ psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: _____ 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	150	200	0	0	31
February	150	200	0	0	28
March	150	200	0	0	31
April	150	200	0	0	30
May	150	200	0	0	30
June	150	200	0	0	30
July	150	200	0	0	31
August	150	200	0	0	31
September	150	200	0	0	30
October	150	200	0	0	31
November	150	200	0	0	30
December	150	200	0	0	31
TOTAL	1800		0		

Submitted Electronically