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 # 35708
Name: Nuckolls, Rick or Christopher dba Brass Oil
Address 1: 23946 PLEASANT VALLEY RD
Address 2:
City: WELLSVILLE State: KS Zip: 66092 + 8405
Contact Person: Rick Nuckolls
Phone: (316) 734-8569
Lease Name: NUCKOLLS
Well Number: I-1

API No.: 15-121-29872-00-00
Permit No: E31946.1
Reporting Year: 2020
(January 1 to December 31)

____ - NE - NE - NE Sec. 2 Twp. 16 S. R. 21 ☑ E ☐ W
(Q/Q/Q/Q)
4950 feet from ☐ N / ☑ S Line of Section
330 feet from ☑ E / ☐ W Line of Section
County: Miami

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: SQUIRREL SAND
Maximum Authorized Injection Rate: 100 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	186	450	0	0	31
February	168	450	0	0	29
March	186	450	0	0	31
April	180	450	0	0	30
May	186	450	0	0	31
June	180	450	0	0	30
July	186	450	0	0	31
August	186	450	0	0	31
September	180	450	0	0	30
October	186	450	0	0	31
November	180	450	0	0	30
December	186	450	0	0	31
TOTAL	2190		0		

Submitted Electronically