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 # 6655
Name: Crawford, Garry F. dba Crawford Production Company
Address 1: PO BOX 727
Address 2:
City: EL DORADO State: KS Zip: 67042 + 0727
Contact Person: Garry Crawford
Phone: (316) 321-3942
Lease Name: BISAGNO B 17
Well Number: W-1

API No.: 15-015-20696-00-00
Permit No: E02096.3
Reporting Year: 2020
(January 1 to December 31)

____ - NE - SE - NE Sec. 35 Twp. 26 S. R. 5 ☑ E ☐ W
(Q/Q/Q/Q)
3698 feet from ☐ N / ☑ S Line of Section
510 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: 400 psi Injection Zone: BARTLESVILLE
Maximum Authorized Injection Rate: 2000 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	24800	400	0		31
February	23200	400	0		29
March	24800	400	0		31
April	24000	400	0		30
May	24800	400	0		31
June	24000	400	0		30
July	24800	400	0		31
August	24800	400	0		31
September	24000	400	0		30
October	24800	400	0		31
November	24000	400	0		30
December	24800	400	0		31
TOTAL	292800		0		

Submitted Electronically