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 # 34439
Name: Buckeye West, LLC
Address 1: PO BOX 129
Address 2:
City: WOOSTER State: OH Zip: 44691 + 0129
Contact Person: Steve Sigler
Phone: (330) 264-8847
Lease Name: RANDOLPH
Well Number: E-9

API No.: 15-013-20020-00-03
Permit No: D32091.0
Reporting Year: 2020
(January 1 to December 31)

____ - NE - NW - SW Sec. 3 Twp. 1 S. R. 15 ☑ E ☐ W
(Q/Q/Q/Q)
2145 feet from ☐ N / ☑ S Line of Section
4321 feet from ☑ E / ☐ W Line of Section
County: Brown

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: 450 psi Injection Zone: HUNTON
Maximum Authorized Injection Rate: 2000 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	15500	0	0	0	31
February	15000	0	0	0	29
March	22500	0	0	0	29
April	20250	0	0	0	30
May	14750	0	0	0	31
June	17000	0	0	0	30
July	19750	0	0	0	31
August	19220	0	0	0	31
September	22000	0	0	0	30
October	19000	0	0	0	31
November	19750	0	0	0	30
December	6750	0	0	0	9
TOTAL	211470		0		

Submitted Electronically