

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 # \_\_\_\_\_  
Name: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
Lease Name: \_\_\_\_\_  
Well Number: \_\_\_\_\_

API No.: \_\_\_\_\_  
Permit No.: \_\_\_\_\_  
Reporting Year: \_\_\_\_\_  
(January 1 to December 31)  
\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Sec. \_\_\_\_ Twp. \_\_\_\_ S. R. \_\_\_\_  E  W  
(a/a/a/a)  
\_\_\_\_\_ feet from  N /  S Line of Section  
\_\_\_\_\_ feet from  E /  W Line of Section  
County: \_\_\_\_\_

**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: \_\_\_\_\_  
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	_____	_____	_____	_____	_____
	February	_____	_____	_____	_____	_____
	March	_____	_____	_____	_____	_____
	April	_____	_____	_____	_____	_____
	May	_____	_____	_____	_____	_____
	June	_____	_____	_____	_____	_____
	July	_____	_____	_____	_____	_____
	August	_____	_____	_____	_____	_____
	September	_____	_____	_____	_____	_____
	October	_____	_____	_____	_____	_____
	November	_____	_____	_____	_____	_____
	December	_____	_____	_____	_____	_____
	<b>TOTAL</b>	_____	_____	_____	_____	_____

## 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 # 32788  
 Name: Bacon, Van C. dba V & R Oil  
 Address 1: PO Box 316  
 Address 2: 1402 27th Ave  
 City: CANTON State: KS Zip: 67428 + 0316  
 Contact Person: Van Bacon  
 Phone: (620) 654-8116  
 Lease Name: GINDER  
 Well Number: 2

API No.: 15-113-00107-00-01  
 Permit No.: E21515.1  
 Reporting Year: 2020  
 (January 1 to December 31)  
SE SW NW Sec. 35 Twp. 17 S. R. 1  E  W  
(a/a/a)  
2977 feet from  N /  S Line of Section  
4259 feet from  E /  W Line of Section  
 County: McPherson

**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: 1055 Additives: Corrosion Inhibitor  
 (Attach water analysis, if available)

**II. Well Data:**

Maximum Authorized Injection Pressure: 0 psi Injection Zone: MISSISSIPPIAN  
 Maximum Authorized Injection Rate: 900 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	<u>2300</u>				<u>31</u>
February	<u>2150</u>				<u>29</u>
March	<u>2300</u>				<u>31</u>
April	<u>0</u>				<u>30</u>
May	<u>0</u>				<u>31</u>
June	<u>0</u>				<u>30</u>
July	<u>2300</u>				<u>31</u>
August	<u>2300</u>				<u>31</u>
September	<u>2250</u>				<u>30</u>
October	<u>2300</u>				<u>31</u>
November	<u>2250</u>				<u>30</u>
December	<u>2300</u>				<u>31</u>
<b>TOTAL</b>	<u>20450</u>		<u>0</u>		

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OPERATOR: License # 32788  
 Name: Bacon, Van C. dba V & R Oil  
 Address 1: BOX 316  
 Address 2: \_\_\_\_\_  
 City: CANTON State: KS Zip: 67428 + 0316  
 Contact Person: Van Bacon  
 Phone: (620) 654-8116  
 Lease Name: LYNN KAUFMAN  
 Well Number: 1

API No.: 15-113-21201-00-01  
 Permit No.: D26667.0  
 Reporting Year: 2020  
 (January 1 to December 31)  
 \_\_\_\_\_ SW \_\_\_\_\_ NE \_\_\_\_\_ SW Sec. 15 Twp. 21 S. R. 3  E  W  
(0/0/0/0)  
1650 feet from  N /  S Line of Section  
3650 feet from  E /  W Line of Section  
 County: McPherson

**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: 1.1 Additives: Corrosion Inhibitor  
 (Attach water analysis, if available)

**II. Well Data:**

Maximum Authorized Injection Pressure: 0 psi Injection Zone: MISSISSIPPIAN  
 Maximum Authorized Injection Rate: 2500 barrels per day  
 Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 3 (Include TA's)

III. Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	<u>12400</u>				<u>31</u>
February	<u>11600</u>				<u>29</u>
March	<u>12400</u>				<u>31</u>
April	<u>8260</u>				<u>30</u>
May	<u>0</u>				<u>31</u>
June	<u>0</u>				<u>30</u>
July	<u>0</u>				<u>31</u>
August	<u>0</u>				<u>31</u>
September	<u>6200</u>				<u>30</u>
October	<u>12400</u>				<u>31</u>
November	<u>11600</u>				<u>30</u>
December	<u>12400</u>				<u>31</u>
<b>TOTAL</b>	<u>87260</u>		<u>0</u>		

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OPERATOR: License # 32788  
 Name: Bacon, Van C. dba V & R Oil  
 Address 1: BOX 316  
 Address 2: 1402 27th Ave  
 City: CANTON State: KS Zip: 67428 + 0316  
 Contact Person: Van Bacon  
 Phone: (620) 654-8116  
 Lease Name: KOEHN B  
 Well Number: 2

API No.: 15-113-01564-00-01  
 Permit No: E04067.1  
 Reporting Year: 2020  
 (January 1 to December 31)  
     - NW - SE - NW Sec. 34 Twp. 19 S. R. 2  E  W  
(a/a/a/a)  
3637 feet from  N /  S Line of Section  
3634 feet from  E /  W Line of Section  
 County: McPherson

**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: 1050 Additives: Corrosion Inhibitor  
 (Attach water analysis, if available)

**II. Well Data:**

Maximum Authorized Injection Pressure: 100 psi Injection Zone: MISSISSIPPIAN  
 Maximum Authorized Injection Rate: 150 barrels per day  
 Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 2 (Include TA's)

III. Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	<u>2480</u>				<u>31</u>
February	<u>0</u>				<u>29</u>
March	<u>2480</u>				<u>31</u>
April	<u>0</u>				<u>30</u>
May	<u>0</u>				<u>31</u>
June	<u>0</u>				<u>30</u>
July	<u>2480</u>				<u>31</u>
August	<u>2480</u>				<u>31</u>
September	<u>2400</u>				<u>30</u>
October	<u>2480</u>				<u>31</u>
November	<u>2400</u>				<u>30</u>
December	<u>2480</u>				<u>31</u>
<b>TOTAL</b>	<u>19680</u>		<u>0</u>		