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 # 31794
Name: Gilliland, Anthony L.
Address 1: 326 S 100TH
Address 2:
City: EDWARDSVILLE State: KS Zip: 66111 + 1424
Contact Person: Anthony L Gilliland
Phone: (913) 441-2728
Lease Name: BENEKE
Well Number: 2

API No.: 15-015-22812-00-00
Permit No: D24562.0
Reporting Year: 2020
(January 1 to December 31)

____ - NE - SW - SE Sec. 11 Twp. 25 S. R. 3 ☑ E ☐ W
(Q/Q/Q/Q)
1025 feet from ☐ N / ☑ S Line of Section
1698 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: 0 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 500 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	680	0	0	0	31
February	765	0	0	0	29
March	850	0	0	0	30
April	710	0	0	0	30
May	740	0	0	0	31
June	760	0	0	0	30
July	715	0	0	0	29
August	815	0	0	0	31
September	680	0	0	0	30
October	670	0	0	0	30
November	715	0	0	0	30
December	810	0	0	0	31
TOTAL	8910		0		

Submitted Electronically