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 # 35497
Name: RedBud Oil & Gas Operating, LLC
Address 1: 16000 STUEBNER AIRLINE RD SUITE 320
Address 2:
City: SPRING State: TX Zip: 77379 + 7396
Contact Person: Kimberlee Dixon
Phone: (832) 698-4901
Lease Name: NEILL
Well Number: 5

API No.: 15-205-25153-00-00
Permit No: D27526.0
Reporting Year: 2020
(January 1 to December 31)

____ - NW - NW - NW Sec. 30 Twp. 29 S. R. 15 ☑ E ☐ W
(Q/Q/Q/Q)
4950 feet from ☐ N / ☑ S Line of Section
4950 feet from ☑ E / ☐ W Line of Section
County: Wilson

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: 200 psi Injection Zone: Mississippian
Maximum Authorized Injection Rate: 200 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	16	0	0	0	13
February	53	0	0	0	17
March	48	0	0	0	12
April	279	0	0	0	14
May	983	0	0	0	19
June	106	0	0	0	20
July	14	0	0	0	5
August	0	0	0	0	0
September	44	0	0	0	1
October	76	0	0	0	11
November	23	0	0	0	10
December	55	0	0	0	18
TOTAL	1697		0		

Submitted Electronically