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 # 7383
Name: Grady Bolding Corporation
Address 1: 114 NORTH MAIN
Address 2: PO BOX 486
City: ELLINWOOD State: KS Zip: 67526 + 0486
Contact Person: Lyle L. Gunn
Phone: ( 620 ) 564-2240
Lease Name: GRIZZELL
Well Number: 17-31

API No.: 15-053-21040-00-00
Permit No: D25419.0
Reporting Year: 2020
*(January 1 to December 31)*

SE - SE - NW - NE Sec. 31 Twp. 17 S. R. 10 ☐ E ☑ W
*(Q/Q/Q/Q)*
4277 feet from ☐ N / ☑ S Line of Section
1646 feet from ☑ E / ☐ W Line of Section
County: Ellsworth

**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: 10000 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 | 51921 | 0 | 0 | 0 | 31 |
| February | 46110 | 0 | 0 | 0 | 29 |
| March | 48096 | 0 | 0 | 0 | 31 |
| April | 37200 | 0 | 0 | 0 | 30 |
| May | 38502 | 0 | 0 | 0 | 31 |
| June | 44792 | 0 | 0 | 0 | 30 |
| July | 46610 | 0 | 0 | 0 | 31 |
| August | 49801 | 0 | 0 | 0 | 31 |
| September | 46245 | 0 | 0 | 0 | 30 |
| October | 45889 | 0 | 0 | 0 | 31 |
| November | 44324 | 0 | 0 | 0 | 30 |
| December | 45642 | 0 | 0 | 0 | 31 |
| ***TOTAL*** | 545132 | | 0 | | |

Submitted Electronically