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 # 34972
Name: BOC, LLC
Address 1: PO BOX 428
Address 2:
City: LOGAN State: KS Zip: 67646 + 0428
Contact Person: Bryant Reese
Phone: (785) 689-7456
Lease Name: HENDERSON
Well Number: 1 SWD

API No.: 15-137-20318-00-02
Permit No: D22394.0
Reporting Year: 2020
(January 1 to December 31)

W2 - NE - SW - SE Sec. 4 Twp. 3 S. R. 23 ☐ E ☑ W
(Q/Q/Q/Q)
1078 feet from ☐ N / ☑ S Line of Section
1870 feet from ☑ E / ☐ W Line of Section
County: Norton

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: 300 psi Injection Zone: CEDAR HILLS
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	8525				31
February	7975				29
March	8525				31
April	8250				30
May	8525				31
June	8250				30
July	8525				31
August	8525				31
September	8250				30
October	8525				31
November	8250				30
December	8525				31
TOTAL	100650		0		

Submitted Electronically