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 # 5104
Name: Blue Goose Drilling Company, Inc.
Address 1: PO BOX 1413
Address 2:
City: GREAT BEND State: KS Zip: 67530 + 1413
Contact Person: Martin Miller
Phone: (620) 792-5633
Lease Name: ISRAEL
Well Number: 3

API No.: 15-057-20486-00-01
Permit No: D26585.0
Reporting Year: 2020
(January 1 to December 31)

____ - NW - NW - SW Sec. 35 Twp. 25 S. R. 21 ☐ E ☑ W
(Q/Q/Q/Q)
2338 feet from ☐ N / ☑ S Line of Section
4939 feet from ☑ E / ☐ W Line of Section
County: Ford

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: MISSISSIPPIAN
Maximum Authorized Injection Rate: 450 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	8190	0	0	0	31
February	8205	0	0	0	28
March	8915	0	0	0	31
April	8690	0	0	0	30
May	9090	0	0	0	31
June	9110	0	0	0	30
July	8850	0	0	0	31
August	8835	0	0	0	31
September	8790	0	0	0	30
October	8915	0	0	0	31
November	8695	0	0	0	30
December	8995	0	0	0	31
TOTAL	105280		0		

Submitted Electronically