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 # 35735
Name: House, Dustin
Address 1: 5627 WOODLAND RD
Address 2:
City: SHAWNEE State: KS Zip: 66218 + 9046
Contact Person: Dustin House
Phone: (913) 748-5467
Lease Name: GILCHRIST
Well Number: BSI-GC3

API No.: 15-059-26469-00-00
Permit No: E24233.5
Reporting Year: 2020
(January 1 to December 31)

NW - SE - NE - SE Sec. 4 Twp. 18 S. R. 21 ☑ E ☐ W
(Q/Q/Q/Q)
1878 feet from ☐ N / ☑ S Line of Section
568 feet from ☑ E / ☐ W Line of Section
County: Franklin

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: 500 psi Injection Zone: SQUIRREL SAND
Maximum Authorized Injection Rate: 125 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					
February					
March					
April					
May					
June					
July	2				31
August	2				31
September	2				30
October	2				31
November	2				30
December					
TOTAL	10		0		

Submitted Electronically