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 # 6251
Name: Ballou, Terry Jr. dba Ballou Oil Well Service
Address 1: PO BOX 352
Address 2:
City: OSAWATOMIE State: KS Zip: 66064 + 0352
Contact Person: t ballou
Phone: (913) 245-1171
Lease Name: ALICE BENJAMIN
Well Number: 6-I

API No.: 15-003-24304-00-00
Permit No: E23779.13
Reporting Year: 2021
(January 1 to December 31)

____ - NW - NE - SW Sec. 2 Twp. 21 S. R. 19 ☑ E ☐ W
(Q/Q/Q/Q)
3048 feet from ☐ N / ☑ S Line of Section
3946 feet from ☑ E / ☐ W Line of Section
County: Anderson

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: 600 psi Injection Zone: SQUIRREL SAND
Maximum Authorized Injection Rate: 100 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	0	0	0	0	0
February	0	0	0	0	0
March	0	0	0	0	0
April	255	600	0	0	30
May	435	600	0	0	31
June	465	600	0	0	30
July	490	600	0	0	31
August	500	600	0	0	31
September	465	600	0	0	30
October	470	600	0	0	31
November	495	600	0	0	30
December	520	600	0	0	31
TOTAL	4095		0		

Submitted Electronically