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 # 35967
Name: Gillespie's Company LLC
Address 1: 1735 20TH RD
Address 2:
City: STERLING State: KS Zip: 67579 + 8906
Contact Person: jacob gillespie
Phone: (620) 204-8529
Lease Name: ROACH B
Well Number: 1

API No.: 15-155-20929-00-00
Permit No: D22208.0
Reporting Year: 2022
(January 1 to December 31)

____ - E2 - W2 - SW Sec. 14 Twp. 23 S. R. 9 ☐ E ☑ W
(Q/Q/Q/Q)
1350 feet from ☐ N / ☑ S Line of Section
4219 feet from ☑ E / ☐ W Line of Section
County: Reno

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: 100 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 3000 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					
August					
September					
October	0	0			
November	0	0			
December	0	0			
TOTAL	0		0		

Submitted Electronically