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 # 7383
Name: Grady Bolding Corporation
Address 1: 114 NORTH MAIN
Address 2: PO BOX 486
City: ELLINWOOD State: KS Zip: 67526 + 0486
Contact Person: Lyle L. Gunn
Phone: (620) 564-2240
Lease Name: SCHMEIDLER A
Well Number: 4-S

API No.: 15-051-24830-00-00
Permit No: D26776.0
Reporting Year: 2022
(January 1 to December 31)

____ - NE - NE - NW Sec. 17 Twp. 12 S. R. 17 ☐ E ☑ W
(Q/Q/Q/Q)
4804 feet from ☐ N / ☑ S Line of Section
3031 feet from ☑ E / ☐ W Line of Section
County: Ellis

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: 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	11532				31
February	10416				28
March	11532				31
April	11160				30
May	11532				31
June	11160				30
July	11532				31
August	11532				31
September	11160				30
October	11532				31
November	11160				30
December	11532				31
TOTAL	135780		0		

Submitted Electronically