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 # 3424
Name: Black-Travis, Inc.
Address 1: 15566 WEST 335TH ST
Address 2:
City: PAOLA State: KS Zip: 66071 + 8297
Contact Person: Bill West
Phone: (913) 244-4427
Lease Name: BIVINS
Well Number: AI-22

API No.: 15-059-25901-00-00
Permit No: E31221.2
Reporting Year: 2022
(January 1 to December 31)

____ - SW - NW - SW Sec. 18 Twp. 16 S. R. 21 ☑ E ☐ W
(Q/Q/Q/Q)
1414 feet from ☐ N / ☑ S Line of Section
4405 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: 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	600	400			31
February	570	400			28
March	600	400			31
April	605	400			30
May	580	400			31
June	588	400			30
July	605	400			31
August	620	400			31
September	590	400			30
October	590	400			31
November	600	400			30
December	590	400			31
TOTAL	7138		0		

Submitted Electronically