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 # 31930
Name: BlueRidge Petroleum Corporation
Address 1: PO BOX 30545
Address 2:
City: EDMOND State: OK Zip: 73003 + 0545
Contact Person: Jonathan Allen
Phone: (580) 242-3732
Lease Name: THOMPSON-SMITH
Well Number: 4-11

API No.: 15-039-21199-00-01
Permit No: E32463.1
Reporting Year: 2023
(January 1 to December 31)

NW - SW - NE - NE Sec. 11 Twp. 3 S. R. 29 ☐ E ☑ W
(Q/Q/Q/Q)
782 feet from ☑ N / ☐ S Line of Section
1233 feet from ☑ E / ☐ W Line of Section
County: Decatur

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: 1000 psi Injection Zone: LANSING
Maximum Authorized Injection Rate: 1000 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	10624	350	0	0	31
February	9659	350	0	0	28
March	12093	400	0	0	31
April	13824	400	0	0	30
May	12838	400	0	0	31
June	13854	400	0	0	30
July	13045	375	0	0	31
August	13296	375	0	0	31
September	12565	375	0	0	30
October	12705	350	0	0	31
November	15841	350	0	0	30
December	14566	350	0	0	31
TOTAL	154910		0		

Submitted Electronically