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: ANTENEN
Well Number: 1

API No.: 15-135-22991-00-01
Permit No: D28814.0
Reporting Year: 2023
(January 1 to December 31)

____ - NE - NW - NW Sec. 14 Twp. 19 S. R. 26 ☐ E ☑ W
(Q/Q/Q/Q)
4962 feet from ☐ N / ☑ S Line of Section
4269 feet from ☑ E / ☐ W Line of Section
County: Ness

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: CEDAR HILLS
Maximum Authorized Injection Rate: 500 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	10880	0	0	0	31
February	9820	0	0	0	28
March	9451	0	0	0	31
April	10007	0	0	0	30
May	11028	0	0	0	31
June	10674	0	0	0	30
July	11093	0	0	0	31
August	10376	0	0	0	29
September	10844	0	0	0	30
October	9909	0	0	0	31
November	9690	0	0	0	30
December	9770	0	0	0	31
TOTAL	123542		0		

Submitted Electronically