

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 # 35276
Name: B & N GAS COMPANY, LLC
Address 1: 1870 Xavier
Address 2: _____
City: Marion State: KS Zip: 66861 + 9426
Contact Person: Robert Robinson
Phone: (620) 382-7565
Lease Name: CARLSON C
Well Number: 1

API No.: 15-115-19327-00-00
Permit No: D20286.0
Reporting Year: 2023
(January 1 to December 31)
SE - SW - NW - SW Sec. 18 Twp. 18 S. R. 5 ☒ E ☐ W
(a/a/a/a)
1335 feet from ☐ N / ☒ S Line of Section
4832 feet from ☒ E / ☐ W Line of Section
County: Marion

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: 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	<u>0</u>	_____	_____	_____	_____
	February	<u>0</u>	_____	_____	_____	_____
	March	<u>0</u>	_____	_____	_____	_____
	April	<u>0</u>	_____	_____	_____	_____
	May	<u>0</u>	_____	_____	_____	_____
	June	<u>80</u>	_____	_____	_____	<u>1</u>
	July	<u>0</u>	_____	_____	_____	_____
	August	<u>80</u>	_____	_____	_____	<u>1</u>
	September	<u>0</u>	_____	_____	_____	_____
	October	<u>0</u>	_____	_____	_____	_____
	November	<u>80</u>	_____	_____	_____	<u>1</u>
	December	_____	_____	_____	_____	_____
	TOTAL	<u>240</u>	_____	<u>0</u>	_____	_____

Submitted Electronically