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 # 35926
Name: Reed Oil, LLC
Address 1: 11110 W 290TH TERRACE
Address 2: PO BOX 605
City: LOUISBURG State: KS Zip: 66053 + 0605
Contact Person: Victoria Davis
Phone: (913) 244-9940
Lease Name: ED FLAKE
Well Number: I-1

API No.: 15-121-31164-00-00
Permit No: E32332.1
Reporting Year: 2023
(January 1 to December 31)

____ - SW - SW - SW Sec. 9 Twp. 18 S. R. 24 ☑ E ☐ W
(Q/Q/Q/Q)
273 feet from ☐ N / ☑ S Line of Section
4692 feet from ☑ E / ☐ W Line of Section
County: Miami

I. Injection Fluid:

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☐ Untreated Brine ☑ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: N/A mg/l Specific Gravity: N/A Additives: N/A
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 500 psi Injection Zone: Block
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	0	475	0	0	0
February	0	475	0	0	0
March	0	0	0	0	0
April	0	0	0	0	0
May	0	0	0	0	0
June	0	0	0	0	0
July	0	0	0	0	0
August	0	0	0	0	0
September	0	0	0	0	0
October	0	0	0	0	0
November	345	450	0	0	15
December	610	450	0	0	31
TOTAL	955		0		

Submitted Electronically