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 # 35556
Name: Bancroft Oil LLC
Address 1: 1150 HWY 39
Address 2:
City: CHANUTE State: KS Zip: 66720 + 5215
Contact Person: Justin Bancroft
Phone: (620) 433-2945
Lease Name: DENNIS
Well Number: M-4

API No.: 15-133-27719-00-01
Permit No: E19382.2
Reporting Year: 2023
(January 1 to December 31)

____ - NW - SE - SE Sec. 17 Twp. 28 S. R. 18 ☑ E ☐ W
(Q/Q/Q/Q)
833 feet from ☐ N / ☑ S Line of Section
1084 feet from ☑ E / ☐ W Line of Section
County: Neosho

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: 600 psi Injection Zone: BARTLESVILLE
Maximum Authorized Injection Rate: 40 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	0	0	0	0
February	0	0	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	930	450	0	0	31
August	930	450	0	0	31
September	900	450	0	0	30
October	930	450	0	0	31
November	900	450	0	0	30
December	930	450	0	0	31
TOTAL	5520		0		

Submitted Electronically