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 # 32296
Name: Cox, William P. & Lisa A. dba B & L Oil
Address 1: 2367 KS 58 HWY
Address 2:
City: MADISON State: KS Zip: 66860 + 8002
Contact Person: WILLIAM P. COX
Phone: (620) 437-6246
Lease Name: MEYER
Well Number: 1

API No.: 15-073-22149-00-01
Permit No: D21162.0
Reporting Year: 2023
(January 1 to December 31)

____ - SW - SE - NW Sec. 12 Twp. 22 S. R. 11 ☑ E ☐ W
(Q/Q/Q/Q)
2684 feet from ☐ N / ☑ S Line of Section
3412 feet from ☑ E / ☐ W Line of Section
County: Greenwood

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: 250 psi Injection Zone: DOUGLAS
Maximum Authorized Injection Rate: 250 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	1490	75	0		31
February	1530	75	0		28
March	1540	75	0		30
April	1535	75	0		30
May	1530	75	0		31
June	1550	75	0		30
July	1545	75	0		31
August	1550	75	0		31
September	1550	75	0		30
October	15445	75	0		31
November	1535	75	0		30
December	1550	75	0		31
TOTAL	32350		0		

Submitted Electronically