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 # 6251
Name: Ballou, Terry Jr. dba Ballou Oil Well Service
Address 1: PO BOX 352
Address 2:
City: OSAWATOMIE State: KS Zip: 66064 + 0352
Contact Person: t ballou
Phone: (913) 245-1171
Lease Name: SLAVEN
Well Number: WI 3

API No.: 15-059-25122-00-00
Permit No: E18459.4
Reporting Year: 2023
(January 1 to December 31)

____ - NW - SE - SW Sec. 19 Twp. 16 S. R. 21 ☑ E ☐ W
(Q/Q/Q/Q)
1319 feet from ☐ N / ☑ S Line of Section
3364 feet from ☑ E / ☐ W Line of Section
County: Franklin

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: SQUIRREL SAND
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	0	0	0	0	0
August	0	0	0	0	0
September	34	500	0	0	30
October	70	500	0	0	31
November	67	500	0	0	30
December	330	500	0	0	31
TOTAL	501		0		

Submitted Electronically