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: ALICE BENJAMIN
Well Number: 10-I

API No.: 15-003-24567-00-00
Permit No: E23779.17
Reporting Year: 2023
(January 1 to December 31)

____ - NW - NW - SW Sec. 2 Twp. 21 S. R. 19 ☑ E ☐ W
(Q/Q/Q/Q)
3042 feet from ☐ N / ☑ S Line of Section
4846 feet from ☑ E / ☐ W Line of Section
County: Anderson

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: 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	585	600	0	0	31
February	540	600	0	0	28
March	590	600	0	0	31
April	615	600	0	0	30
May	630	600	0	0	31
June	635	600	0	0	30
July	650	600	0	0	31
August	660	600	0	0	31
September	620	600	0	0	30
October	650	600	0	0	31
November	635	600	0	0	30
December	615	600	0	0	31
TOTAL	7425		0		

Submitted Electronically