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 # 35104
Name: Burch, Bill dba B and B Oil Company
Address 1: 287 K-19 HWY
Address 2:
City: BELPRE State: KS Zip: 67519 + 2007
Contact Person: Bill Burch
Phone: ( 620 ) 804-2973
Lease Name: OCONNOR UNIT
Well Number: 6-2

API No.: 15-185-21906-00-01
Permit No: E24925.1
Reporting Year: 2023
*(January 1 to December 31)*

____ - S2 - SW - SE Sec. 8 Twp. 24 S. R. 15 ☐ E ☑ W
*(Q/Q/Q/Q)*
339 feet from ☐ N / ☑ S Line of Section
1963 feet from ☑ E / ☐ W Line of Section
County: Stafford

**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: 350 psi Injection Zone: LANSING-KANSAS CITY
Maximum Authorized Injection Rate: 350 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 | 8 | 0 | | | 1 |
| February | 8 | 0 | | | 1 |
| March | 8 | 0 | | | 1 |
| April | 8 | 0 | | | 1 |
| May | 8 | 0 | | | 1 |
| June | 8 | 0 | | | 1 |
| July | 8 | 0 | | | 1 |
| August | 8 | 0 | | | 1 |
| September | 8 | 0 | | | 1 |
| October | 8 | 0 | | | 1 |
| November | 8 | 0 | | | 1 |
| December | 8 | 0 | | | 1 |
| ***TOTAL*** | 96 | | 0 | | |

Submitted Electronically