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 # 3424
Name: Black-Travis, Inc.
Address 1: 15566 WEST 335TH ST
Address 2:
City: PAOLA State: KS Zip: 66071 + 8297
Contact Person: b west
Phone: (913) 244-4427
Lease Name: VAN HORN
Well Number: AI-3

API No.: 15-059-25903-00-00
Permit No: E31222.3
Reporting Year: 2023
(January 1 to December 31)

____ - NW - SW - SW Sec. 18 Twp. 16 S. R. 21 ☑ E ☐ W
(Q/Q/Q/Q)
1084 feet from ☐ N / ☑ S Line of Section
4081 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: 500 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	590	500			31
February	545	500			28
March	600	500			31
April	675	500			30
May	630	500			31
June	700	500			30
July	735	500			31
August	760	500			31
September	725	500			30
October	715	500			31
November	690	500			30
December	665	500			31
TOTAL	8030		0		

Submitted Electronically