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 # 35752
Name: Blacksheep Oil & Gas LLC
Address 1: 101 N Main
Address 2:
City: MEDICINE LODGE State: KS Zip: 67104 + 1082
Contact Person: Tyler Bell
Phone: (620) 450-7171
Lease Name: BROOK
Well Number: 1 (3-18)

API No.: 15-007-20004-00-00
Permit No: D13320.0
Reporting Year: 2023
(January 1 to December 31)

____ - NE - NW - SE Sec. 18 Twp. 32 S. R. 13 ☐ E ☑ W
(Q/Q/Q/Q)
2160 feet from ☐ N / ☑ S Line of Section
1808 feet from ☑ E / ☐ W Line of Section
County: Barber

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: 0 psi Injection Zone: CEDAR HILLS
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	434				31
February	406				29
March	434				31
April	420				30
May	434				31
June	420				30
July	434				31
August	434				31
September	420				30
October	434				31
November	420				30
December	434				31
TOTAL	5124		0		

Submitted Electronically