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 # 32619
Name: Excel Oil & Gas L.L.C.
Address 1: 20511 PFLUMM RD
Address 2:
City: BUCYRUS State: KS Zip: 66013 + 9300
Contact Person: Lesli Baker
Phone: (913) 208-9555
Lease Name: SHAFFER
Well Number: RI-3

API No.: 15-121-28630-00-00
Permit No: E30388.7
Reporting Year: 2024
(January 1 to December 31)

____ - NW - SW - SE Sec. 31 Twp. 16 S. R. 24 ☑ E ☐ W
(Q/Q/Q/Q)
1236 feet from ☐ N / ☑ S Line of Section
2720 feet from ☑ E / ☐ W Line of Section
County: Miami

I. Injection Fluid:

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☑ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: N/A mg/l Specific Gravity: N/A Additives: N/A
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 500 psi Injection Zone: Cattleman
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	558	300	0	0	31
February	504	300	0	0	28
March	496	300	0	0	31
April	540	300	0	0	30
May	527	300	0	0	31
June	480	300	0	0	30
July	527	300	0	0	31
August	496	300	0	0	31
September	480	300	0	0	30
October	558	300	0	0	31
November	480	300	0	0	30
December	558	300	0	0	31
TOTAL	6204		0		

Submitted Electronically