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 # 5104
Name: Blue Goose Drilling Company, Inc.
Address 1: PO BOX 1413
Address 2:
City: GREAT BEND State: KS Zip: 67530 + 1413
Contact Person: Martin Miller
Phone: (620) 792-5633
Lease Name: NEELEY
Well Number: 2

API No.: 15-101-21393-00-01
Permit No: D32304.0
Reporting Year: 2024
(January 1 to December 31)

____ - SW - NW - SW Sec. 10 Twp. 18 S. R. 27 ☐ E ☑ W
(Q/Q/Q/Q)
1655 feet from ☐ N / ☑ S Line of Section
4954 feet from ☑ E / ☐ W Line of Section
County: Lane

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: 500 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	5890	0	0	0	31
February	8260	0	0	0	29
March	5880	0	0	0	31
April	5700	0	0	0	30
May	5900	0	0	0	31
June	5700	0	0	0	30
July	5890	0	0	0	31
August	5890	0	0	0	31
September	5690	0	0	0	30
October	5900	0	0	0	31
November	5700	0	0	0	30
December	5890	0	0	0	31
TOTAL	72290		0		

Submitted Electronically