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 # 34439
Name: Buckeye West, LLC
Address 1: PO BOX 129
Address 2:
City: WOOSTER State: OH Zip: 44691 + 0129
Contact Person: Steven W Sigler
Phone: (330) 264-8847
Lease Name: RANDOLPH
Well Number: E-9

API No.: 15-013-20020-00-03
Permit No: D32091.0
Reporting Year: 2024
(January 1 to December 31)

____ - NE - NW - SW Sec. 3 Twp. 1 S. R. 15 ☑ E ☐ W
(Q/Q/Q/Q)
2145 feet from ☐ N / ☑ S Line of Section
4321 feet from ☑ E / ☐ W Line of Section
County: Brown

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: 450 psi Injection Zone: HUNTON
Maximum Authorized Injection Rate: 2000 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	3311	0	0		31
February	12362	0	0		28
March	19124	0	0		31
April	19124	0	0		30
May	28574	0	0		31
June	23320	0	0		30
July	14360	0	0		31
August	27993	0	0		30
September	23579	0	0		30
October	20730	0	0		31
November	19190	0	0		30
December	20573	0	0		31
TOTAL	232240		0		

Submitted Electronically