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 # 5610
Name: Bruce Oil Company, L.L.C.
Address 1: 1704 LIMESTONE RD
Address 2:
City: MCPHERSON State: KS Zip: 67460 + 6500
Contact Person: Levi Koehn
Phone: ( 620 ) 241-2938
Lease Name: E WHITE
Well Number: 3

API No.: 15-041-20121-00-01
Permit No: E34448.1
Reporting Year: 2024
*(January 1 to December 31)*

____ - NE - NW - NW Sec. 7 Twp. 15 S. R. 1 ☑ E ☐ W
*(Q/Q/Q/Q)*
4660 feet from ☐ N / ☑ S Line of Section
4542 feet from ☑ E / ☐ W Line of Section
County: Dickinson

**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: 0
*(Attach water analysis, if available)*

**II. Well Data:**

Maximum Authorized Injection Pressure: 500 psi Injection Zone: Mississippi
Maximum Authorized Injection Rate: 700 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 | 0 | 0 | 0 | 0 | 31 |
| February | 0 | 0 | 0 | 0 | 28 |
| March | 0 | 0 | 0 | 0 | 31 |
| April | 0 | 0 | 0 | 0 | 30 |
| May | 3100 | 0 | 0 | 0 | 31 |
| June | 9300 | 0 | 0 | 0 | 30 |
| July | 9300 | 0 | 0 | 0 | 31 |
| August | 9300 | 0 | 0 | 0 | 31 |
| September | 9300 | 0 | 0 | 0 | 30 |
| October | 9300 | 0 | 0 | 0 | 31 |
| November | 9300 | 0 | 0 | 0 | 30 |
| December | 9300 | 0 | 0 | 0 | 31 |
| ***TOTAL*** | 68200 | | 0 | | |

Submitted Electronically