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 # 35497
Name: RedBud Oil & Gas Operating, LLC
Address 1: 16000 STUEBNER AIRLINE RD SUITE 320
Address 2:
City: SPRING State: TX Zip: 77379 + 7396
Contact Person: Kimberlee Dixon
Phone: (832) 698-4901
Lease Name: SPEAKS
Well Number: SWD-1

API No.: 15-205-26155-00-00
Permit No: D28611.0
Reporting Year: 2024
(January 1 to December 31)

____ - SW - SE - NW Sec. 26 Twp. 29 S. R. 15 ☑ E ☐ W
(Q/Q/Q/Q)
2827 feet from ☐ N / ☑ S Line of Section
3386 feet from ☑ E / ☐ W Line of Section
County: Wilson

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: 200 psi Injection Zone: Arbuckle
Maximum Authorized Injection Rate: 8000 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	341	0	0	0	31
February	335	0	0	0	29
March	400	0	0	0	31
April	840	0	0	0	30
May	890	0	0	0	31
June	833	0	0	0	30
July	883	0	0	0	31
August	850	0	0	0	31
September	820	0	0	0	30
October	851	0	0	0	31
November	797	0	0	0	30
December	917	0	0	0	31
TOTAL	8757		0		

Submitted Electronically