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 # 6251
Name: Ballou, Terry Jr. dba Ballou Oil Well Service
Address 1: PO BOX 352
Address 2:
City: OSAWATOMIE State: KS Zip: 66064 + 0352
Contact Person: tballou
Phone: (913) 245-1171
Lease Name: CHISAM
Well Number: 1-W

API No.: 15-121-26912-00-00
Permit No: E13055.40
Reporting Year: 2024
(January 1 to December 31)

____ - SE - NW - SE Sec. 15 Twp. 19 S. R. 22 ☑ E ☐ W
(Q/Q/Q/Q)
1591 feet from ☐ N / ☑ S Line of Section
1377 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: ____ mg/l Specific Gravity: ____ Additives: ____
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 500 psi Injection Zone: SQUIRREL SAND
Maximum Authorized Injection Rate: 61 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
February	0	0			0
March	0	0			0
April	0	0			0
May	0	0			0
June	0	0			0
July	38	500			31
August	95	500			31
September	63	500			30
October	75	500			31
November	50	500			30
December	16	500			31
TOTAL	337		0		

Submitted Electronically