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 # 36204
Name: Boneyard Oil LLC
Address 1: 1414 N BROOKFIELD
Address 2:
City: WICHITA State: KS Zip: 67206 + 1130
Contact Person: Holtom
Phone: (316) 371-6885
Lease Name: FOX A
Well Number: 6-WI

API No.: 15-037-21337-00-00
Permit No: E23919.4
Reporting Year: 2025
(January 1 to December 31)

____ - SW - SW - SW Sec. 26 Twp. 28 S. R. 21 ☑ E ☐ W
(Q/Q/Q/Q)
341 feet from ☐ N / ☑ S Line of Section
4633 feet from ☑ E / ☐ W Line of Section
County: Crawford

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: 350 psi Injection Zone: CATTLEMAN SAND
Maximum Authorized Injection Rate: 50 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					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December	10	350			25
TOTAL	10		0		

Submitted Electronically