KOLAR Document ID: 1890263

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 # 9952
Name: Brackeen Line Cleaning, Inc.
Address 1: 101 S 6TH ST
Address 2: PO BOX 434
City: CLAFLIN State: KS Zip: 67525 + 0434
Contact Person: Danette L Schartz
Phone: (620) 587-3351
Lease Name: G PRAEGER
Well Number: 4

API No.: 15-009-22512-00-00
Permit No: D20704.0
Reporting Year: 2025
(January 1 to December 31)

NW (Q/Q/Q/Q) - SE - NE - NE Sec. 27 Twp. 17 S. R. 11 ☐ E ☑ W
4607 feet from ☐ N / ☑ S Line of Section
380 feet from ☑ E / ☐ W Line of Section
County: Barton

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: 0 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 3000 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	4910				31
February	4210				28
March	5000				31
April	5060				30
May	5480				31
June	5650				30
July	6100				31
August	5260				31
September	3140				30
October	4170				31
November	3750				30
December	3950				31
TOTAL	56680		0		

Submitted Electronically