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 # 32296
Name: Cox, William P. & Lisa A. dba B & L Oil
Address 1: 2367 KS 58 HWY
Address 2:
City: MADISON State: KS Zip: 66860 + 8002
Contact Person: WILLIAM P. COX
Phone: (620) 4376246
Lease Name: NESBET F
Well Number: B-3

API No.: 15-073-21118-00-03
Permit No: E27956.2
Reporting Year: 2025
(January 1 to December 31)

____ - SW - NW - SW Sec. 31 Twp. 23 S. R. 12 ☑ E ☐ W
(Q/Q/Q/Q)
1530 feet from ☐ N / ☑ S Line of Section
4885 feet from ☑ E / ☐ W Line of Section
County: Greenwood

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: ____ psi Injection Zone: BARTLESVILLE
Maximum Authorized Injection Rate: ____ 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		
February	0		0		
March	0		0		
April	0		0		
May	0		0		
June	0		0		
July	0		0		
August	0		0		
September	0		0		
October	0		0		
November	0		0		
December	0		0		
TOTAL	0		0		

Submitted Electronically