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 # 3424
Name: Black-Travis, Inc.
Address 1: 15566 WEST 335TH ST
Address 2:
City: PAOLA State: KS Zip: 66071 + 8297
Contact Person: BILL WEST
Phone: (913) 244-4427
Lease Name: VAN HORN
Well Number: AI-1

API No.: 15-059-25894-00-00
Permit No: E31222.1
Reporting Year: 2025
(January 1 to December 31)

____ - NE - NE - SE Sec. 13 Twp. 16 S. R. 20 ☑ E ☐ W
(Q/Q/Q/Q)
2213 feet from ☐ N / ☑ S Line of Section
195 feet from ☑ E / ☐ W Line of Section
County: Franklin

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: 100 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	0	0			0
August	0	0			0
September	0	0			0
October	260	500			31
November	314	500			30
December	295	500			31
TOTAL	869		0		

Submitted Electronically