

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: TERBROCK
Well Number: I-7

API No.: 15-121-30616-00-00
Permit No: E30254.4
Reporting Year: 2025
(January 1 to December 31)
NW - SE - NE - SE Sec. 27 Twp. 17 S. R. 22 ☒ E ☐ W
(a/a/a/a)
1977 feet from ☐ N / ☒ S Line of Section
594 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: 225 psi Injection Zone: PERU
Maximum Authorized Injection Rate: 40 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	<u>300</u>	<u>200</u>			<u>31</u>
	February	<u>295</u>	<u>200</u>			<u>28</u>
	March	<u>305</u>	<u>200</u>			<u>31</u>
	April	<u>300</u>	<u>200</u>			<u>30</u>
	May	<u>300</u>	<u>200</u>			<u>31</u>
	June	<u>290</u>	<u>200</u>			<u>30</u>
	July	<u>300</u>	<u>200</u>			<u>31</u>
	August	<u>305</u>	<u>200</u>			<u>31</u>
	September	<u>290</u>	<u>200</u>			<u>30</u>
	October	<u>290</u>	<u>200</u>			<u>31</u>
	November	<u>295</u>	<u>200</u>			<u>30</u>
	December	<u>300</u>	<u>200</u>			<u>31</u>
	TOTAL	<u>3570</u>		<u>0</u>		

Submitted Electronically