1275158

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 # 33097
Name: Southern Star Central Gas Pipeline, Inc.
Address 1: 4700 HWY 56
Address 2:
City: OWENSBORO State: KY Zip: 42301 + 9303
Contact Person: Sterling Barker
Phone: (785) 448-4816
Lease Name: HENKLE
Well Number: 6 AO

API No.: 15-003-22808-00-00
Permit No: D25051.0
Reporting Year: 2015
(January 1 to December 31)

SE - SE - SE - SE Sec. 15 Twp. 23 S. R. 18 ☑ E ☐ W
(Q/Q/Q/Q)
165 feet from ☐ N / ☑ S Line of Section
165 feet from ☑ E / ☐ W Line of Section
County: Anderson

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: 600 psi Injection Zone: BARTLESVILLE

Maximum Authorized Injection Rate: 500 barrels per day

Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(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