

**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 # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

Lease Name: _____

Well Number: _____

API No.: _____

Permit No.: _____

Reporting Year: _____
(January 1 to December 31)

_____ - _____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ E W
(a/a/a/a)

_____ feet from N / S Line of Section

_____ feet from E / W Line of Section

County: _____

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: _____

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	_____	_____	_____	_____	_____
	February	_____	_____	_____	_____	_____
	March	_____	_____	_____	_____	_____
	April	_____	_____	_____	_____	_____
	May	_____	_____	_____	_____	_____
	June	_____	_____	_____	_____	_____
	July	_____	_____	_____	_____	_____
	August	_____	_____	_____	_____	_____
	September	_____	_____	_____	_____	_____
	October	_____	_____	_____	_____	_____
	November	_____	_____	_____	_____	_____
	December	_____	_____	_____	_____	_____
	TOTAL	_____	_____	_____	_____	_____

Submitted Electronically

Summary of Changes

Lease Name and Number: Knox S6-i

Doc ID: 1277069

Correction Number: 1

Field Name	Previous Value	New Value
Date Accepted	01/13/2016	01/14/2016
Maximum Fluid Pressure, April	300	40
Maximum Fluid Pressure, August	310	40
Maximum Fluid Pressure, December	360	200
Maximum Fluid Pressure, July	250	40
Maximum Fluid Pressure, June	290	60
Maximum Fluid Pressure, May	300	80
Maximum Fluid Pressure, November	380	240
Maximum Fluid Pressure, October	320	180
Maximum Fluid Pressure, September	350	260
Save Link	../kcc/detail/operatorEditDetail.cfm?docID=1277060	../kcc/detail/operatorEditDetail.cfm?docID=1277069
Total BBL Injected	4685	4236

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Total BBL Injected in April	461	444
Total BBL Injected in August	587	512
Total BBL Injected in December	520	488
Total BBL Injected in July	538	351
Total BBL Injected in June	538	508
Total BBL Injected in May	456	434
Total BBL Injected in November	558	504
Total BBL Injected in October	528	485
Total BBL Injected in September	499	510