1279540

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 # 30029
Name: Standard Operating Company
Address 1: 1000 N TYLER STE 100
Address 2:
City: WICHITA State: KS Zip: 67212 + 3276
Contact Person: DAVE PAULY
Phone: (316) 250-2045
Lease Name: GRIFFEY
Well Number: 18-D

API No.: 15-065-22313-00-01
Permit No: E25940.1
Reporting Year: 2015
(January 1 to December 31)

____ - NE - SE - SE Sec. 18 Twp. 6 S. R. 22 ☐ E ☑ W
(Q/Q/Q/Q)
667 feet from ☐ N / ☑ S Line of Section
639 feet from ☑ E / ☐ W Line of Section
County: Graham

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: 1000 psi Injection Zone: KANSAS CITY
Maximum Authorized Injection Rate: 400 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	7525	200	0		31
February	1780	200	0		28
March	5651	200	0		31
April	7444	200	0		29
May	6775	200	0		30
June	7255	200	0		30
July	8354	500	0		31
August	7467	400	0		31
September	3775	500	0		30
October	7573	500	0		31
November	7545	400	0		30
December	4146	400	0		31
TOTAL	75290		0		

Submitted Electronically