

**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)*____ 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/BrineSource: 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	_____	_____	_____	_____	_____

Summary of Changes

Lease Name and Number: FRANK D RALL 1

Doc ID: 1280521

Correction Number: 1

Field Name	Previous Value	New Value
Date Accepted	01/25/2016	02/24/2016
Flagged	No	Yes
Maximum Fluid Pressure, April		0
Maximum Fluid Pressure, August		0
Maximum Fluid Pressure, December		0
Maximum Fluid Pressure, February		0
Maximum Fluid Pressure, January		0
Maximum Fluid Pressure, July		0
Maximum Fluid Pressure, June		0
Maximum Fluid Pressure, March		0
Maximum Fluid Pressure, May		0
Maximum Fluid Pressure, November		0

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Maximum Fluid Pressure, October		0
Maximum Fluid Pressure, September		0
Number of Days of Injection, April		30
Number of Days of Injection, August		31
Number of Days of Injection, December		31
Number of Days of Injection, February		28
Number of Days of Injection, January		31
Number of Days of Injection, July		31
Number of Days of Injection, June		30
Number of Days of Injection, March		31
Number of Days of Injection, May		31
Number of Days of Injection, November		30
Number of Days of Injection, October		31

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Number of Days of Injection, September		30
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1280478	../../../../kcc/detail/operatorEditDetail.cfm?docID=1280521
Total BBL Injected	0	622660
Total BBL Injected in April	0	46383
Total BBL Injected in August	0	53666
Total BBL Injected in December	0	48700
Total BBL Injected in February	0	48308
Total BBL Injected in January	0	53526
Total BBL Injected in July	0	49591
Total BBL Injected in June	0	43442
Total BBL Injected in March	0	51981
Total BBL Injected in May	0	56453
Total BBL Injected in November	0	52213

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Total BBL Injected in October	0	61048
Total BBL Injected in September	0	57349