



**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	_____	_____	_____	_____	_____

Additives

NALCO Champion

An Ecolab Company



Invoice List 5500011796

Bill To: 150243681
 LOBO PRODUCTION INC
 ATTN: ACCOUNTS PAYABLE
 2035 RD 68
 GOODLAND KS 67735
 USA

Remit To: Nalco Company
 PO Box 730005, Dallas TX 75373-0005
 REF: 5500011796
 Why not remit by electronic payment next time? Ask us for details!

This is NOT a Statement - It is a Collective Invoice. Please remit payment referencing the above Invoice Number.
 Payment Terms: Up to 04/30/2015 without deduction

Invoice Date	Due Date	Amount Due
03/31/2015	04/30/2015	\$1,132.55

Lease	Well No	PO	Invoice #	Div. Date	Material Description	Qty	Price	SUR	Net Value	Tax	Total
STOCK	STOCK		62380791	03/02/2015	Bactron® K-103 Ind. Antimicrobial	10.00	32.56	1.00	335.60	0.00	335.60
			62380791	03/02/2015	Gypton® T-144	55.00	13.49	1.00	796.95	0.00	796.95
STOCK - Well Total									1,132.55	0.00	1,132.55

STOCK - Lease Total 1,132.55
 Invoice Subtotal 1,132.55

Tax Total 0.00

List Grand Total 1,132.55

Signature _____ Date _____

Additives

HYDRO FOAM TECHNOLOGY, INC.
P.O. BOX 7
PERKINS, OK 74059
(405) 547-5800
(405) 547-5808 (Fax)

Invoice

DATE	INVOICE #
4/7/2014	84406

BILL TO:
Lobo Productions
6715 Rd 22
Goodland, KS 67735

SHIP TO:
Lobo Production
2035 RD 68
Goodland, KS 67735

P.O. NUMBER	TERMS	REP	SHIP	VIA	CONTAINER
V-Richard	Net 30	DF	4/4/2014	Fed Ex	Ice Chest

QUANTITY	ITEM CODE	DESCRIPTION	PRICE EACH	AMOUNT
500	114710	HC 10 1 1/4" X 15" Corrosion Inhibitor	4.80	2,400.00

*Beckelman
Row*

*pd 4/18/14
1247*

TOTAL \$2,400.00