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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 # 31652
Name: Norstar Petroleum, Inc.
Address 1: 88 INVERNESS CIR E. UNIT F104
Address 2:
City: ENGLEWOOD State: CO Zip: 80112 + 5514
Contact Person: Brady Pfeiffer
Phone: (303) 925-0696
Lease Name: CBCF
Well Number: 2-32

API No.: 15-195-22467-00-00
Permit No: D28997.0
Reporting Year: 2015
(January 1 to December 31)

____ - SE - SE - SW Sec. 32 Twp. 14 S. R. 21 ☐ E ☑ W
(Q/Q/Q/Q)
641 feet from ☐ N / ☑ S Line of Section
3089 feet from ☑ E / ☐ W Line of Section
County: Trego

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: 0 psi Injection Zone: Arbuckle
Maximum Authorized Injection Rate: 4000 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	9543	0	0		31
February	8620	0	0		28
March	9543	0	0		31
April	9236	0	0		30
May	9703	0	0		31
June	10073	0	0		30
July	10186	0	0		31
August	8453	0	0		31
September	8181	0	0		30
October	8453	0	0		31
November	9230	0	0		30
December	8538	0	0		31
TOTAL	109759		0		

Submitted Electronically