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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 # 31938
Name: Indian Oil Co., Inc.
Address 1: PO BOX 209
Address 2: 2507 SE US 160 HWY
City: MEDICINE LODGE State: KS Zip: 67104 + 0209
Contact Person: Anthony Farrar
Phone: (620) 886-3763
Lease Name: Brad SWD
Well Number: 1

API No.: 15-007-24251-00-00
Permit No: D33022.0
Reporting Year: 2015
(January 1 to December 31)

____ - ____ - SW - SE Sec. 6 Twp. 35 S. R. 12 ☐ E ☑ W
(Q/Q/Q/Q)
637 feet from ☐ N / ☑ S Line of Section
1949 feet from ☑ E / ☐ W Line of Section
County: Barber

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: 10000 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	0		0		
February	9840	0	0		28
March	13640	0	0		31
April	11840	0	0		30
May	13640	0	0		31
June	12900	0	0		30
July	13440	0	0		31
August	13040	0	0		31
September	13600	0	0		30
October	10680	0	0		31
November	19800	0	0		30
December	15200	0	0		31
TOTAL	147620		0		

Submitted Electronically