1284435

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: Jake SWD
Well Number: 1

API No.: 15-007-00226-00-01
Permit No: D31632.0
Reporting Year: 2015
*(January 1 to December 31)*

NW - SW - SW - NW Sec. 12 Twp. 35 S. R. 12 ☐ E ☑ W
*(Q/Q/Q/Q)*
2983 feet from ☐ N / ☑ S Line of Section
5034 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 | 142600 | 0 | 0 | | 31 |
| February | 124800 | 0 | 0 | | 28 |
| March | 111600 | 0 | 0 | | 31 |
| April | 75000 | 0 | 0 | | 30 |
| May | 52582 | 0 | 0 | | 31 |
| June | 69690 | 0 | 0 | | 30 |
| July | 60109 | 0 | 0 | | 31 |
| August | 72013 | 0 | 0 | | 31 |
| September | 51000 | 0 | 0 | | 30 |
| October | 50300 | 0 | 0 | | 31 |
| November | 51000 | 0 | 0 | | 30 |
| December | 32201 | 0 | 0 | | 31 |
| ***TOTAL*** | 892895 | | 0 | | |

Submitted Electronically