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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: Vera
Well Number: SWD

API No.: 15-007-22012-00-01
Permit No: D31377.0
Reporting Year: 2015
(January 1 to December 31)

____ - SW - SW - SE Sec. 30 Twp. 31 S. R. 12 ☐ E ☑ W
(Q/Q/Q/Q)
355 feet from ☐ N / ☑ S Line of Section
2224 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	14102	0	0		31
February	13750	0	0		28
March	15311	0	0		31
April	12317	0	0		30
May	12624	0	0		31
June	14848	0	0		30
July	14664	0	0		31
August	15080	0	0		31
September	11601	0	0		30
October	14212	0	0		31
November	14168	0	0		30
December	13095	0	0		31
TOTAL	165772		0		

Submitted Electronically