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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 # 33343
Name: PostRock Midcontinent Production LLC
Address 1: OKLAHOMA TOWER
Address 2: 210 PARK AVE, STE 2750
City: OKLAHOMA CITY State: OK Zip: 73102 + __ __ __ __
Contact Person: JENNIFER R BEAL
Phone: (620) 4324205
Lease Name: CALLARMAN
Well Number: 3

API No.: 15-205-24082-00-01
Permit No: D24452.0
Reporting Year: 2015
(January 1 to December 31)

SW - NE - NE - NE Sec. 3 Twp. 30 S. R. 16 ☑ E ☐ W
(Q/Q/Q/Q)
4900 feet from ☐ N / ☑ S Line of Section
350 feet from ☑ E / ☐ W Line of Section
County: Wilson

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: CORROSION CHEMICAL/SURFACE
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 300 psi Injection Zone: MISSISSIPPIAN
Maximum Authorized Injection Rate: 500 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	1240	50	0		31
February	1120	50	0		28
March	1240	50	0		31
April	1200	50	0		30
May	1240	50	0		31
June	1200	50	0		30
July	1240	50	0		31
August	1240	50	0		31
September	1200	50	0		30
October	1240	50	0		31
November	1200	50	0		30
December	1240	50	0		31
TOTAL	14600		0		

Submitted Electronically