1284985

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: GALE D. CARTER
Well Number: 30-1 SWD

API No.: 15-205-27514-00-00
Permit No: D30164.0
Reporting Year: 2015
(January 1 to December 31)

____ - NE - NE - NW Sec. 30 Twp. 28 S. R. 17 ☑ E ☐ W
(Q/Q/Q/Q)
175 feet from ☑ N / ☐ S Line of Section
2180 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: 325 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 8000 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	107771	325	0		31
February	95953	325	0		28
March	89289	325	0		31
April	104772	325	0		30
May	137380	325	0		31
June	126739	325	0		30
July	130105	325	0		31
August	127819	325	0		31
September	115180	325	0		30
October	119767	325	0		31
November	112785	325	0		30
December	114757	325	0		31
TOTAL	1382317		0		

Submitted Electronically