



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 # 6403
Name: Winder, Richard L. dba Winder Oil Company
Address 1: 21955 OTTAWA RD
Address 2: _____
City: ERIE State: KS Zip: 66733 + 4126
Contact Person: Richard Winder
Phone: (620) 754-3349
Lease Name: RICHARD
Well Number: 8

API No.: 15-133-02207-00-00
Permit No.: E17010.3
Reporting Year: 2015
(January 1 to December 31)
NE - SE - NE - NE Sec. 19 Twp. 28 S. R. 20 ☒ E ☐ W
(a/a/a/a)
4550 feet from ☐ N / ☒ S Line of Section
330 feet from ☒ E / ☐ W Line of Section
County: Neosho

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: 500 psi Injection Zone: BARTLESVILLE
Maximum Authorized Injection Rate: 40 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 5 (Include TA's)

III.	Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
	January	<u>0</u>		<u>0</u>		
	February	<u>0</u>		<u>0</u>		
	March	<u>0</u>		<u>0</u>		
	April	<u>0</u>		<u>0</u>		
	May	<u>0</u>		<u>0</u>		
	June	<u>0</u>		<u>0</u>		
	July	<u>0</u>		<u>0</u>		
	August	<u>0</u>		<u>0</u>		
	September	<u>0</u>		<u>0</u>		
	October	<u>0</u>		<u>0</u>		
	November	<u>0</u>		<u>0</u>		
	December	<u>0</u>		<u>0</u>		
	TOTAL	<u>0</u>		<u>0</u>		

Submitted Electronically