



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 # _____
Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____ + _____
Contact Person: _____
Phone: (_____) _____
Lease Name: _____
Well Number: _____

API No.: _____
Permit No.: _____
Reporting Year: _____
(January 1 to December 31)
____ - ____ - ____ - ____ Sec. ____ Twp. ____ S. R. ____ E W
(a/a/a)
_____ feet from N / S Line of Section
_____ feet from E / W Line of Section
County: _____

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: _____ psi Injection Zone: _____
Maximum Authorized Injection Rate: _____ 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	_____	_____	_____	_____	_____
	February	_____	_____	_____	_____	_____
	March	_____	_____	_____	_____	_____
	April	_____	_____	_____	_____	_____
	May	_____	_____	_____	_____	_____
	June	_____	_____	_____	_____	_____
	July	_____	_____	_____	_____	_____
	August	_____	_____	_____	_____	_____
	September	_____	_____	_____	_____	_____
	October	_____	_____	_____	_____	_____
	November	_____	_____	_____	_____	_____
	December	_____	_____	_____	_____	_____
	TOTAL	_____	_____	_____	_____	_____

TEMPORARY ABANDONMENT WELL APPLICATION

OPERATOR: License# 9971
 Name: Kodiak Petroleum, Inc.
 Address 1: PO BOX 4677
 Address 2: _____
 City: ENGLEWOOD State: CO Zip: 80155 + 4677
 Contact Person: Kent A Johnson
 Phone: (303) 790-7550
 Contact Person Email: _____
 Field Contact Person: Steve Crawford
 Field Contact Person Phone: (620) 7936874

API No. 15- 15-145-21095-00-01
 Spot Description: W2 SW NW Sec. 7 Twp. 20 S. R. 19 E W
3303 feet from N / S Line of Section
4884 feet from E / W Line of Section
 GPS Location: Lat: _____, Long: _____
 Datum: NAD27 NAD83 WGS84
 County: Pawnee Elevation: _____ GL KB
 Lease Name: CARR Well #: 1-7
 Well Type: (check one) Oil Gas OG WSW Other
 SWD Permit #: _____ ENHR Permit #: E28771.2
 Gas Storage Permit #: _____
 Spud Date: 08/06/2007 Date Shut-In: 01/01/2010

	Conductor	Surface	Production	Intermediate	Liner	Tubing
Size	0	8.625	4.5	0	0	2.375
Setting Depth	0	384	4390	0	0	4221
Amount of Cement	0	275	383	0	0	0
Top of Cement	0	0	4026	0	0	0
Bottom of Cement	0	384	4391	0	0	0

Casing Fluid Level from Surface: 0 How Determined? MIT Date 07/23/2013
 Casing Squeeze(s): 4255 to 4256 w / 58 sacks of cement, 4288 to 4304 w / 260 sacks of cement. Date: 04/01/1984

Do you have a valid Oil & Gas Lease? Yes No
 Depth and Type: Junk in Hole at _____ (depth) Tools in Hole at _____ (depth) Casing Leaks: Yes No Depth of casing leak(s): _____
 Type Completion: ALT. I ALT. II Depth of: DV Tool: _____ (depth) w / _____ sacks of cement Port Collar: _____ (depth) w / _____ sack of cement
 Packer Type: tention Size: 4.5 Inch Set at: 4221 Feet
 Total Depth: 4391 Plug Back Depth: 4283 Plug Back Method: cement


Geological Date:
 Formation Name Pawnee Sand Formation Top 4264 Formation Base 4269 Completion Information
 1. Pawnee Sand At: 4264 to 4269 Feet Perforation Interval 4264 to 4267 Feet or Open Hole Interval _____ to _____ Feet
 2. _____ At: _____ to _____ Feet Perforation Interval _____ to _____ Feet or Open Hole Interval _____ to _____ Feet

UNDER PENALTY OF PERJURY I HEREBY ATTEST THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

Submitted Electronically

Do NOT Write in This Space - KCC USE ONLY	Date Tested: _____	Results: _____	Date Plugged: _____	Date Repaired: _____	Date Put Back in Service: _____
Review Completed by: <u>Michael Maier</u>	Comments: _____				
TA Approved <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Denied	Date: <u>09/01/2015</u>				

Mail to the Appropriate KCC Conservation Office:

	KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801	Phone 620.225.8888
	KCC District Office #2 / UPGS - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226	Phone 316.630.4000
	KCC District Office #3 - 1500 SW Seventh Street, Chanute, KS 66720	Phone 620.432.2300
	KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651	Phone 785.625.0550