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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) 4324200
Lease Name: GRAHAM
Well Number: 4A

API No.: 15-133-25537-00-00
Permit No: D26977.0
Reporting Year: 2015
(January 1 to December 31)

____ - N2 - NE - SE Sec. 14 Twp. 30 S. R. 18 ☑ E ☐ W
(Q/Q/Q/Q)
2372 feet from ☐ N / ☑ S Line of Section
764 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: CORROSION CHEMICALS/SURFACE
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 0 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 200 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	6200	0	0		31
February	5600	0	0		28
March	6200	0	0		31
April	6000	0	0		30
May	6200	0	0		31
June	6000	0	0		30
July	6200	0	0		31
August	6200	0	0		31
September	6000	0	0		30
October	6200	0	0		31
November	6000	0	0		30
December	6200	0	0		31
TOTAL	73000		0		

Submitted Electronically