1286857

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: NORTH ESTES
Well Number: 10

API No.: 15-205-24678-00-00
Permit No: D25262.0
Reporting Year: 2015
(January 1 to December 31)

____ - SE - SE - SE Sec. 23 Twp. 29 S. R. 16 ☑ E ☐ W
(Q/Q/Q/Q)
165 feet from ☐ N / ☑ S Line of Section
365 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: _____
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 350 psi Injection Zone: MISSISSIPPIAN
Maximum Authorized Injection Rate: 1000 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	0		0		
February	0		0		
March	0		0		
April	0		0		
May	0		0		
June	0		0		
July	0		0		
August	0		0		
September	0		0		
October	0		0		
November	0		0		
December	0		0		
TOTAL	0		0		

Submitted Electronically