1287055

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 # 5474
Name: Northern Lights Oil Company, LLC
Address 1: PO BOX 164
Address 2:
City: ANDOVER State: KS Zip: 67002 + 0164
Contact Person: Robert Sutherland
Phone: (316) 733-1515
Lease Name: MILLS
Well Number: 17-72

API No.: 15-179-20591-00-01
Permit No: D20469.0
Reporting Year: 2015
(January 1 to December 31)

____ - NW - SW - NE Sec. 17 Twp. 9 S. R. 26 ☐ E ☑ W
(Q/Q/Q/Q)
3557 feet from ☐ N / ☑ S Line of Section
2389 feet from ☑ E / ☐ W Line of Section
County: Sheridan

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: 1200 psi Injection Zone: CEDAR HILLS
Maximum Authorized Injection Rate: 300 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