



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 # 3449
Name: Coen Energy Corporation
Address 1: 11217 W 140TH PL
Address 2: _____
City: OVERLAND PARK State: KS Zip: 66221 + 8019
Contact Person: David Coen
Phone: (913) 239-0495
Lease Name: STABLER J
Well Number: 27

API No.: 15-207-02194-00-00
Permit No.: E14285.30
Reporting Year: 2015
(January 1 to December 31)
NW - SE - SE - SE Sec. 8 Twp. 24 S. R. 16 ☒ E ☐ W
(a/a/a/a)
2940 feet from ☐ N / ☒ S Line of Section
2700 feet from ☒ E / ☐ W Line of Section
County: Woodson

I. Injection Fluid:

Type (Pick one): ☐ Fresh Water ☐ Treated Brine ☒ Untreated Brine ☐ Water/Brine
Source: ☒ Produced Water ☐ Other (Attach list)
Quality: Total Dissolved Solids: 80000mg/l mg/l Specific Gravity: _____ Additives: _____
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 775 psi Injection Zone: Squirrel
Maximum Authorized Injection Rate: 6000 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 43 (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