

**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/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/BrineSource: 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 | _____ | _____ | _____ | _____ | _____ |

Summary of Changes

Lease Name and Number: PRINTZ SWD 2-10

Doc ID: 1289367

Correction Number: 1

| Field Name | Previous Value | New Value |
|--------------------------------|---|---|
| Date Accepted | 02/22/2016 | 02/24/2016 |
| Save Link | ../../../../kcc/detail/operatorEditDetail.cfm?docID=1288429 | ../../../../kcc/detail/operatorEditDetail.cfm?docID=1289367 |
| Total BBL Injected | 182135 | 179739 |
| Total BBL Injected in April | 14970 | 14770 |
| Total BBL Injected in August | 15469 | 15269 |
| Total BBL Injected in December | 15469 | 15269 |
| Total BBL Injected in February | 13972 | 13776 |
| Total BBL Injected in January | 15469 | 15269 |
| Total BBL Injected in July | 15469 | 15269 |
| Total BBL Injected in June | 14970 | 14770 |
| Total BBL Injected in March | 15469 | 15269 |
| Total BBL Injected in May | 15469 | 15269 |

Summary of changes for correction 1 continued

| Field Name | Previous Value | New Value |
|---------------------------------|----------------|-----------|
| Total BBL Injected in November | 14970 | 14770 |
| Total BBL Injected in October | 15469 | 15269 |
| Total BBL Injected in September | 14970 | 14770 |