1290400

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 # 34350
Name: Altavista Energy, Inc.
Address 1: 4595 K-33 HIGHWAY
Address 2: PO BOX 128
City: WELLSVILLE State: KS Zip: 66092 + ___ ___ ___ ___
Contact Person: Phillip Frick
Phone: (785) 883-4057
Lease Name: Middaugh
Well Number: AI-40

API No.: 15-121-28856-00-00
Permit No: E00590.28
Reporting Year: 2015
(January 1 to December 31)

____ - SW - NE - NW Sec. 10 Twp. 19 S. R. 24 ☑ E ☐ W
(Q/Q/Q/Q)
2274 feet from ☐ N / ☑ S Line of Section
3625 feet from ☑ E / ☐ W Line of Section
County: Miami

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: 175 psi Injection Zone: Peru
Maximum Authorized Injection Rate: 130 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 24 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	599	165	0		31
February	562	165	0		28
March	631	165	0		29
April	643	165	0		30
May	580	165	0		31
June	779	165	0		30
July	575	165	0		31
August	784	165	0		31
September	663	165	0		30
October	787	165	0		31
November	755	165	0		30
December	604	165	0		31
TOTAL	7962		0		

Submitted Electronically