



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: Marjorie Crotts
Well Number: I-21

API No.: 15-031-24028-00-00
Permit No.: E30741.9
Reporting Year: 2015
(January 1 to December 31)
NW - SE - SE - NW Sec. 14 Twp. 22 S. R. 16 ☒ E ☐ W
(a/a/a/a)
3135 feet from ☐ N / ☒ S Line of Section
3135 feet from ☒ E / ☐ W Line of Section
County: Coffey

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: 600 psi Injection Zone: Squirrel
Maximum Authorized Injection Rate: 50 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 12 (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>105</u>	<u>560</u>	<u>0</u>		<u>31</u>
	June	<u>171</u>	<u>560</u>	<u>0</u>		<u>30</u>
	July	<u>260</u>	<u>560</u>	<u>0</u>		<u>31</u>
	August	<u>312</u>	<u>560</u>	<u>0</u>		<u>31</u>
	September	<u>349</u>	<u>560</u>	<u>0</u>		<u>30</u>
	October	<u>420</u>	<u>560</u>	<u>0</u>		<u>31</u>
	November	<u>424</u>	<u>560</u>	<u>0</u>		<u>30</u>
	December	<u>471</u>	<u>560</u>	<u>0</u>		<u>31</u>
	TOTAL	<u>2512</u>		<u>0</u>		

Submitted Electronically