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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: Van Horn
Well Number: AI-1

API No.: 15-059-25894-00-00
Permit No: E31222.1
Reporting Year: 2015
(January 1 to December 31)

SE - NE - NE - SE Sec. 13 Twp. 16 S. R. 20 ☑ E ☐ W
(Q/Q/Q/Q)
2190 feet from ☐ N / ☑ S Line of Section
195 feet from ☑ E / ☐ W Line of Section
County: Franklin

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: 500 psi Injection Zone: Squirrel
Maximum Authorized Injection Rate: 100 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 3 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	640	490	0		31
February	573	490	0		28
March	496	490	0		31
April	607	490	0		30
May	534	490	0		31
June	531	490	0		30
July	645	490	0		31
August	597	490	0		31
September	582	490	0		30
October	589	490	0		31
November	548	490	0		30
December	494	490	0		31
TOTAL	6836		0		

Submitted Electronically