1291623

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 # 35219
Name: Flatland Energy, LLC
Address 1: 4747 TEXAS RD
Address 2:
City: WELLSVILLE State: KS Zip: 66092 + __ __ __ __
Contact Person: Lesli Stuteville
Phone: (913) 940-4757
Lease Name: BROWNRIGG A
Well Number: 39

API No.: 15-107-24046-00-00
Permit No: E30101.5
Reporting Year: 2015
(January 1 to December 31)

___ - NW - NW - SE Sec. 30 Twp. 20 S. R. 22 ☑ E ☐ W
(Q/Q/Q/Q)
4485 feet from ☐ N / ☑ S Line of Section
4227 feet from ☑ E / ☐ W Line of Section
County: Linn

I. Injection Fluid:

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

II. Well Data:

Maximum Authorized Injection Pressure: 300 psi Injection Zone: Squirrel
Maximum Authorized Injection Rate: 40 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	0		0		
February	0		0		
March	0		0		
April	0		0		
May	0		0		
June	100	250	0		20
July	155	250	0		31
August	155	250	0		31
September	150	250	0		30
October	155	250	0		31
November	150	250	0		30
December	155	250	0		31
TOTAL	1020		0		

Submitted Electronically