1292022

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 # 35171
Name: Iantha Resources LLC
Address 1: 21517 NW 1650 RD
Address 2:
City: GARNETT State: KS Zip: 66032 + __ __ __ __
Contact Person: Tom Miller
Phone: ( 620 ) 496-6652
Lease Name: POSS
Well Number: DW 13

API No.: 15-003-23845-00-00
Permit No: E19622.18
Reporting Year: 2015
*(January 1 to December 31)*

SE - NE - NW - NW Sec. 11 Twp. 20 S. R. 20 ☑ E ☐ W
*(Q/Q/Q/Q)*
4685 feet from ☐ N / ☑ S Line of Section
4210 feet from ☑ E / ☐ W Line of Section
County: Anderson

**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 SAND
Maximum Authorized Injection Rate: 60 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 | 756 | 500 | 0 | | 31 |
| February | 279 | 500 | 0 | | 28 |
| March | 0 | | 0 | | |
| April | 515 | 500 | 0 | | 30 |
| May | 1011 | 500 | 0 | | 31 |
| June | 417 | 500 | 0 | | 30 |
| July | 1105 | 500 | 0 | | 31 |
| August | 669 | 500 | 0 | | 31 |
| September | 356 | 500 | 0 | | 30 |
| October | 422 | 500 | 0 | | 31 |
| November | 431 | 500 | 0 | | 30 |
| December | 320 | 500 | 0 | | 31 |
| ***TOTAL*** | 6281 | | 0 | | |

Submitted Electronically