

**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 # 6627

Name: Prospect Oil & Gas Corp

Address 1: PO BOX 837

Address 2: _____

City: RUSSELL State: KS Zip: 67665 + 0837

Contact Person: Lori Haberer

Phone: (785) 483-6266

Lease Name: FELDMAN

Well Number: 8

API No.: 15-159-02368-00-01

Permit No: E14299.2

Reporting Year: 2015
(January 1 to December 31)

 - NW - SW - SE Sec. 15 Twp. 19 S. R. 10 ☐ E ☒ W
(a/a/a/a)

3295 feet from ☐ N / ☒ S Line of Section

4098 feet from ☒ E / ☐ W Line of Section

County: Rice

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: 1500 psi Injection Zone: DOUGLAS

Maximum Authorized Injection Rate: 700 barrels per day

Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 (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>0</u>		<u>0</u>		
	June	<u>0</u>		<u>0</u>		
	July	<u>0</u>		<u>0</u>		
	August	<u>0</u>		<u>0</u>		
	September	<u>0</u>		<u>0</u>		
	October	<u>0</u>		<u>0</u>		
	November	<u>0</u>		<u>0</u>		
	December	<u>0</u>		<u>0</u>		
	TOTAL	<u>0</u>		<u>0</u>		

Submitted Electronically

Summary of Changes

Lease Name and Number: FELDMAN 8

Doc ID: 1292707

Correction Number: 1

Field Name	Previous Value	New Value
Flagged	No	Yes
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1292288	../../../../kcc/detail/operatorEditDetail.cfm?docID=1292707