



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 # _____
Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____ + _____
Contact Person: _____
Phone: (_____) _____
Lease Name: _____
Well Number: _____

API No.: _____
Permit No.: _____
Reporting Year: _____
(January 1 to December 31)
____ - ____ - ____ - ____ Sec. ____ Twp. ____ S. R. ____ E W
(a/a/a/a)
_____ feet from N / S Line of Section
_____ feet from E / W Line of Section
County: _____

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: _____ psi Injection Zone: _____
Maximum Authorized Injection Rate: _____ 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 | _____ | _____ | _____ | _____ | _____ |
| | February | _____ | _____ | _____ | _____ | _____ |
| | March | _____ | _____ | _____ | _____ | _____ |
| | April | _____ | _____ | _____ | _____ | _____ |
| | May | _____ | _____ | _____ | _____ | _____ |
| | June | _____ | _____ | _____ | _____ | _____ |
| | July | _____ | _____ | _____ | _____ | _____ |
| | August | _____ | _____ | _____ | _____ | _____ |
| | September | _____ | _____ | _____ | _____ | _____ |
| | October | _____ | _____ | _____ | _____ | _____ |
| | November | _____ | _____ | _____ | _____ | _____ |
| | December | _____ | _____ | _____ | _____ | _____ |
| | TOTAL | _____ | _____ | _____ | _____ | _____ |

Bachman Services Salt Water Disposal Report for PPSI 2015

| LEASE | County | PH | Specific Gravity | Total Dissolved Solids |
|------------------|---------------|-------------|-------------------------|-------------------------------|
| Hay | Wabanssee | 7.00 | 1.010 | 16,586 |
| Skinner | Barber | 6.50 | 1.170 | 229,500 |
| Barkley | Barber | 6.50 | 1.150 | 238,557 |
| Weller | Pratt | 6.00 | 1.135 | 218,024 |
| Bosch | Morris | 6.50 | 1.018 | 14,649 |
| Eaton | Butler | 7.00 | 1.065 | 79,752 |
| Ralston | Butler | 6.96 | 1.033 | 163,890 |
| Bohrer | Kingman | 6.75 | 1.135 | 223,796 |
| Circle S | Kingman | 6.00 | 1.150 | 217,905 |
| Seward | Kingman | 6.00 | 1.155 | 224,873 |
| Trostle | Kingman | 6.00 | 1.170 | 223,175 |
| Latta 5 | Sumner | 7.00 | 1.150 | 241,979 |
| Shinn | Sumner | 6.00 | 1.150 | 206,224 |
| Van Allen | Sumner | 6.80 | 1.150 | 242,264 |
| Fussell | Cowley | 6.00 | 1.160 | 235,843 |
| Cornelius | Barton | 7.00 | 1.020 | 44,386 |
| McClain | Nemaha | 6.50 | 1.025 | 13,829 |
| Swart I | Nemaha | 7.50 | 1.025 | 23,630 |

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Information obtained from U-1

| | | | |
|---------------------------|---------|------|----------------|
| Copeland-U1 | Ness | na | 40,360 |
| Irsik State B 1-U1 | Gray | na | 55,000 |
| Irsik 1 - U1 | Gray | na | 82,333 |
| Irsik B 1 - U1 | Gray | na | 55,000 |
| Irsik State C 1-U1 | Gray | na | 55,000 |
| Janof 1 - U1 | Gray | na | 82,333 |
| Krug 6 - U1 | Gray | na | 158,000 |
| Reich B 5 - U1 | Russell | 1.07 | 103,555 |
| Reich B 6 - U1 | Russell | na | 67,710 |
| Reich C 2 - U1 | Russell | 1.07 | 97,113 |
| Strawn Mobil - U1 | Grau | na | 55,000 |