1293260

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 # 34954
Name: Encore Natural Resources, LLC
Address 1: PO BOX 28760
Address 2:
City: SCOTTSDALE State: AZ Zip: 85255 + __ __ __ __
Contact Person: Mike Herman
Phone: ( 719 ) 440-3512
Lease Name: OSAGE
Well Number: 5

API No.: 15-031-21990-00-00
Permit No: D28331.0
Reporting Year: 2015
*(January 1 to December 31)*

____ - SE - SW - SW Sec. 6 Twp. 22 S. R. 14 ☑ E ☐ W
*(Q/Q/Q/Q)*
336 feet from ☐ N / ☑ S Line of Section
4376 feet from ☑ E / ☐ W Line of Section
County: Coffey

**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: 0 psi Injection Zone: Arbuckle
Maximum Authorized Injection Rate: 10000 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 | 3906 | 0 | 0 | | 31 |
| February | 3528 | 0 | 0 | | 28 |
| March | 3906 | 0 | 0 | | 31 |
| April | 3780 | 0 | 0 | | 30 |
| May | 3906 | 0 | 0 | | 31 |
| June | 3780 | 0 | 0 | | 30 |
| July | 3906 | 0 | 0 | | 31 |
| August | 3906 | 0 | 0 | | 31 |
| September | 3780 | 0 | 0 | | 30 |
| October | 3906 | 0 | 0 | | 31 |
| November | 3780 | 0 | 0 | | 30 |
| December | 3906 | 0 | 0 | | 31 |
| ***TOTAL*** | 45990 | | 0 | | |

Submitted Electronically