1294345

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 # 5011
Name: Viking Resources, Inc
Address 1: 400 N WOODLAWN ST, STE 18
Address 2:
City: WICHITA State: KS Zip: 67208 + 4333
Contact Person: Shawn Devlin
Phone: ( 316 ) 262-2502
Lease Name: EVALYN EWING
Well Number: 1

API No.: 15-101-21681-00-01
Permit No: D27002.0
Reporting Year: 2015
*(January 1 to December 31)*

____ - NW - NW - NW Sec. 17 Twp. 16 S. R. 27 ☐ E ☑ W
*(Q/Q/Q/Q)*
5084 feet from ☐ N / ☑ S Line of Section
4894 feet from ☑ E / ☐ W Line of Section
County: Lane

**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: CEDAR HILLS
Maximum Authorized Injection Rate: 400 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 | 1488 | 0 | 0 | | 31 |
| February | 2520 | 0 | 0 | | 28 |
| March | 1240 | 0 | 0 | | 31 |
| April | 1620 | 0 | 0 | | 30 |
| May | 1891 | 0 | 0 | | 31 |
| June | 1200 | 0 | 0 | | 30 |
| July | 1891 | 0 | 0 | | 31 |
| August | 1981 | 0 | 0 | | 31 |
| September | 1830 | 0 | 0 | | 30 |
| October | 1850 | 0 | 0 | | 31 |
| November | 1650 | 0 | 0 | | 30 |
| December | 1658 | 0 | 0 | | 31 |
| ***TOTAL*** | 20819 | | 0 | | |

Submitted Electronically