

**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	_____	_____	_____	_____	_____

Submitted Electronically

Summary of Changes

Lease Name and Number: MCKEE SWD 1

Doc ID: 1295661

Correction Number: 1

Field Name	Previous Value	New Value
Date Accepted	02/19/2016	03/09/2016
Maximum Fluid Pressure, August		60
Maximum Fluid Pressure, December		8
Maximum Fluid Pressure, July		150
Maximum Fluid Pressure, June		90
Maximum Fluid Pressure, May		90
Maximum Fluid Pressure, November		50
Maximum Fluid Pressure, October		20
Maximum Fluid Pressure, September		65
Number of Days of Injection, August		26
Number of Days of Injection, December		21
Number of Days of Injection, July		30

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Number of Days of Injection, June		30
Number of Days of Injection, May		14
Number of Days of Injection, November		30
Number of Days of Injection, October		29
Number of Days of Injection, September		29
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1287386	../../../../kcc/detail/operatorEditDetail.cfm?docID=1295661
Total BBL Injected	244629	601339
Total BBL Injected in August	0	43086
Total BBL Injected in December	0	17432
Total BBL Injected in July	0	48904
Total BBL Injected in June	0	74825
Total BBL Injected in May	0	44302
Total BBL Injected in November	0	43965

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Total BBL Injected in October	0	45777
Total BBL Injected in September	0	38419