1297489

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 # 32198
Name: PetroSantander (USA) Inc.
Address 1: 6363 WOODWAY DR STE350
Address 2:
City: HOUSTON State: TX Zip: 77057 + 1798
Contact Person: William Aspinwall
Phone: (713) 784-8700
Lease Name: ISAAC ADAMS
Well Number: 8-1

API No.: 15-055-21803-00-01
Permit No: E28315.1
Reporting Year: 2015
(January 1 to December 31)

____ - SE - SW - SW Sec. 8 Twp. 23 S. R. 30 ☐ E ☑ W
(Q/Q/Q/Q)
500 feet from ☐ N / ☑ S Line of Section
2050 feet from ☑ E / ☐ W Line of Section
County: Finney

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: 1500 psi Injection Zone: Morrow
Maximum Authorized Injection Rate: 2500 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	0		0		
February	282	0	0		2
March	3556	0	0		31
April	1983	0	0		26
May	1498	0	0		25
June	1134	0	0		22
July	923	0	0		13
August	3522	0	0		31
September	2960	0	0		30
October	0		0		
November	0		0		
December	0		0		
TOTAL	15858		0		

Submitted Electronically