1297494

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: MACKEY
Well Number: 6

API No.: 15-055-20908-00-01
Permit No: E27138.2
Reporting Year: 2015
(January 1 to December 31)

____ - ____ - ____ - NW Sec. 12 Twp. 23 S. R. 31 ☐ E ☑ W
(Q/Q/Q/Q)
3947 feet from ☐ N / ☑ S Line of Section
3954 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: 2000 psi Injection Zone: Morrow
Maximum Authorized Injection Rate: 3000 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	27273	877	0		31
February	27172	854	0		28
March	25337	800	0		31
April	763	136	0		2
May	0		0		
June	0		0		
July	0		15676	576	3
August	0		2	801	1
September	8808	445	0		7
October	6453	475	0		6
November	5573	490	0		5
December	5634	455	0		5
TOTAL	107013		15678		

Submitted Electronically