1298327

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 # 34585
Name: Oil Sources Corp.
Address 1: 3150 W 215th ST
Address 2:
City: BUCYRUS State: KS Zip: 66013 + __ __ __ __
Contact Person: kevin kleweno
Phone: (913) 481-4604
Lease Name: two bros
Well Number: 9

API No.: 15-059-26587-00-00
Permit No: E31022.3
Reporting Year: 2015
(January 1 to December 31)

NW - NW - NE - NE Sec. 5 Twp. 16 S. R. 21 ☑ E ☐ W
(Q/Q/Q/Q)
20 feet from ☑ N / ☐ S Line of Section
1224 feet from ☑ E / ☐ W Line of Section
County: Franklin

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: 800 psi Injection Zone: squirell
Maximum Authorized Injection Rate: 100 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	0		0		
March	0		0		
April	0		0		
May	0		0		
June	0		0		
July	0		0		
August	0		0		
September	0		0		
October	0		0		
November	0		0		
December	0		0		
TOTAL	0		0		

Submitted Electronically