



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 # 31788
Name: Veenker Resources, Inc.
Address 1: PO BOX 14339
Address 2: _____
City: OKLAHOMA CITY State: OK Zip: 73113 + 0339
Contact Person: Carrie Smith
Phone: (405) 751-1414
Lease Name: M V B
Well Number: 114M

API No.: 15-003-20367-00-01
Permit No.: E16816.23
Reporting Year: 2015
(January 1 to December 31)
NE - SW - SW - NW Sec. 4 Twp. 23 S. R. 21 ☒ E ☐ W
(a/a/a/a)
3205 feet from ☐ N / ☒ S Line of Section
4740 feet from ☒ E / ☐ W Line of Section
County: Anderson

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: 750 psi Injection Zone: BARTLESVILLE
Maximum Authorized Injection Rate: 75 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	<u>300</u>	<u>500</u>	<u>0</u>		<u>15</u>
	February	<u>400</u>	<u>500</u>	<u>0</u>		<u>20</u>
	March	<u>400</u>	<u>500</u>	<u>0</u>		<u>20</u>
	April	<u>440</u>	<u>500</u>	<u>0</u>		<u>22</u>
	May	<u>440</u>	<u>500</u>	<u>0</u>		<u>22</u>
	June	<u>400</u>	<u>500</u>	<u>0</u>		<u>20</u>
	July	<u>440</u>	<u>500</u>	<u>0</u>		<u>22</u>
	August	<u>440</u>	<u>500</u>	<u>0</u>		<u>22</u>
	September	<u>440</u>	<u>500</u>	<u>0</u>		<u>22</u>
	October	<u>440</u>	<u>500</u>	<u>0</u>		<u>22</u>
	November	<u>400</u>	<u>500</u>	<u>0</u>		<u>20</u>
	December	<u>400</u>	<u>500</u>	<u>0</u>		<u>20</u>
	TOTAL	<u>4940</u>		<u>0</u>		

Submitted Electronically