1299581

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 # 30280
Name: Sunflower Well Service, Inc.
Address 1: 1770 28TH AVE
Address 2: PO BOX 341
City: CANTON State: KS Zip: 67428 + ___ ___ ___ ___
Contact Person: Lamonte P. "Bud" Davis, Jr.
Phone: (620) 628-4723
Lease Name: COONS B
Well Number: 1

API No.: 15-113-02340-00-01
Permit No: E18623.1
Reporting Year: 2015
(January 1 to December 31)

____ - NW - SE - SW Sec. 13 Twp. 19 S. R. 1 ☐ E ☑ W
(Q/Q/Q/Q)
1031 feet from ☐ N / ☑ S Line of Section
3702 feet from ☑ E / ☐ W Line of Section
County: McPherson

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: 10 psi Injection Zone: MISSISSIPPIAN
Maximum Authorized Injection Rate: 1500 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	930	0	0		31
February	840	0	0		28
March	930	0	0		31
April	900	0	0		30
May	930	0	0		31
June	900	0	0		30
July	930	0	0		31
August	930	0	0		31
September	900	0	0		30
October	930	0	0		31
November	900	0	0		30
December	930	0	0		31
TOTAL	10950		0		

Submitted Electronically