1303093

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 # 34798
Name: Viking Production LLC
Address 1: 1432 NIGHTHAWK RD
Address 2:
City: YATES CENTER State: KS Zip: 66783 + __ __ __ __
Contact Person: Bert Carlson
Phone: (620) 625-2067
Lease Name: MCMINN OD J
Well Number: 2

API No.: 15-035-19497-00-00
Permit No: D04962.0
Reporting Year: 2015
(January 1 to December 31)

____ - SW - NE - NW Sec. 31 Twp. 31 S. R. 6 ☑ E ☐ W
(Q/Q/Q/Q)
4374 feet from ☐ N / ☑ S Line of Section
3442 feet from ☑ E / ☐ W Line of Section
County: Cowley

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: 360 psi Injection Zone: CHASE
Maximum Authorized Injection Rate: 50 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	750	70	0		28
February	750	70	0		28
March	750	70	0		28
April	750	70	0		28
May	750	70	0		28
June	750	70	0		28
July	750	70	0		28
August	0		0		
September	0		0		
October	0		0		
November	750	70	0		28
December	750	70	0		28
TOTAL	6750		0		

Submitted Electronically