

**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 # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

Lease Name: _____

Well Number: _____

API No.: _____

Permit No: _____

Reporting Year: _____

*(January 1 to December 31)*____ - ____ - ____ - ____ Sec. ____ Twp. ____ S. R. ____ ☐ E ☐ W
*(a/a/a/a)*____ feet from ☐ N / ☐ S Line of Section____ feet from ☐ E / ☐ W Line of Section

County: _____

I. Injection Fluid:Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☐ Untreated Brine ☐ Water/BrineSource: ☐ 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: _____ psi Injection Zone: _____

Maximum Authorized Injection Rate: _____ 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	_____	_____	_____	_____	_____
	February	_____	_____	_____	_____	_____
	March	_____	_____	_____	_____	_____
	April	_____	_____	_____	_____	_____
	May	_____	_____	_____	_____	_____
	June	_____	_____	_____	_____	_____
	July	_____	_____	_____	_____	_____
	August	_____	_____	_____	_____	_____
	September	_____	_____	_____	_____	_____
	October	_____	_____	_____	_____	_____
	November	_____	_____	_____	_____	_____
	December	_____	_____	_____	_____	_____
	TOTAL	_____	_____	_____	_____	_____

Submitted Electronically

Summary of Changes

Lease Name and Number: SNYDER 4

Doc ID: 1309208

Correction Number: 1

Field Name	Previous Value	New Value
Date Accepted	03/03/2016	06/13/2016
Flagged	Yes	No
Maximum Fluid Pressure, April	500	
Maximum Fluid Pressure, August	500	
Maximum Fluid Pressure, February	500	
Maximum Fluid Pressure, January	500	
Maximum Fluid Pressure, July	500	
Maximum Fluid Pressure, June	500	
Maximum Fluid Pressure, March	500	
Maximum Fluid Pressure, May	500	
Maximum Fluid Pressure, November	500	
Maximum Fluid Pressure, October	500	

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Maximum Fluid Pressure, September	500	
Number of Days of Injection, April	30	
Number of Days of Injection, August	31	
Number of Days of Injection, December	31	10
Number of Days of Injection, February	28	
Number of Days of Injection, January	31	
Number of Days of Injection, July	31	
Number of Days of Injection, June	30	
Number of Days of Injection, March	31	
Number of Days of Injection, May	31	
Number of Days of Injection, November	30	
Number of Days of Injection, October	31	
Number of Days of Injection, September	30	

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Save Link	../kcc/detail/operatorEditDetail.cfm?docID=1286373	../kcc/detail/operatorEditDetail.cfm?docID=1309208
Total BBL Injected	12000	1000
Total BBL Injected in April	1000	0
Total BBL Injected in August	1000	0
Total BBL Injected in February	1000	0
Total BBL Injected in January	1000	0
Total BBL Injected in July	1000	0
Total BBL Injected in June	1000	0
Total BBL Injected in March	1000	0
Total BBL Injected in May	1000	0
Total BBL Injected in November	1000	0
Total BBL Injected in October	1000	0
Total BBL Injected in September	1000	0