

**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/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: _____ 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 | _____ | _____ | _____ | _____ | _____ |

Summary of Changes

Lease Name and Number: FLAX B 3

Doc ID: 1309262

Correction Number: 1

| Field Name | Previous Value | New Value |
|----------------------------------|----------------|------------|
| Date Accepted | 03/21/2016 | 06/14/2016 |
| Flagged | No | Yes |
| Maximum Fluid Pressure, April | 2400 | 0 |
| Maximum Fluid Pressure, August | 496 | 0 |
| Maximum Fluid Pressure, December | 496 | 0 |
| Maximum Fluid Pressure, February | 2240 | 0 |
| Maximum Fluid Pressure, January | 2480 | 0 |
| Maximum Fluid Pressure, July | 2480 | 0 |
| Maximum Fluid Pressure, June | 2400 | 0 |
| Maximum Fluid Pressure, March | 2480 | 0 |
| Maximum Fluid Pressure, May | 2480 | 0 |
| Maximum Fluid Pressure, November | 480 | 0 |

Summary of changes for correction 1 continued

| Field Name | Previous Value | New Value |
|--|---|---|
| Maximum Fluid Pressure, October | 496 | 0 |
| Maximum Fluid Pressure, September | 480 | 0 |
| Save Link | ../../kcc/detail/operatorEditDetail.cfm?docID=1298804 | ../../kcc/detail/operatorEditDetail.cfm?docID=1309262 |
| Total Number of Injection Wells Covered By This Permit | 11 | 1 |