

**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	_____	_____	_____	_____	_____

Submitted Electronically

Summary of Changes

Lease Name and Number: HLAD B 2

Doc ID: 1309454

Correction Number: 1

Field Name	Previous Value	New Value
Date Accepted	02/18/2016	06/16/2016
Maximum Fluid Pressure, April	300	0
Maximum Fluid Pressure, August	300	0
Maximum Fluid Pressure, December	300	0
Maximum Fluid Pressure, February	300	0
Maximum Fluid Pressure, January	300	0
Maximum Fluid Pressure, July	300	0
Maximum Fluid Pressure, June	300	0
Maximum Fluid Pressure, March	300	0
Maximum Fluid Pressure, May	300	0
Maximum Fluid Pressure, November	300	0
Maximum Fluid Pressure, October	300	0

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Maximum Fluid Pressure, September	300	0
Operator's Contact Name	Lynne Sieverling	Harold Bellerive
Operator's Phone	531-0202	635-4531
OperatorAreaCode	816	785
Save Link	../../kcc/detail/operatorEditDetail.cfm?docID=1286873	../../kcc/detail/operatorEditDetail.cfm?docID=1309454