

**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	_____	_____	_____	_____	_____
	<b>TOTAL</b>	_____	_____	_____	_____	_____

### Summary of Changes

Lease Name and Number: VAN CAMP I 1

Doc ID: 1310439

Correction Number: 1

Field Name	Previous Value	New Value
Date Accepted	02/29/2016	06/27/2016
Operator's Contact Name	tim carroll	Karl Hesse
Operator's Phone	366-4400	291-9554
OperatorAreaCode	678	316
Save Link	<a href="http://.../kcc/detail/operatorEditDetail.cfm?docID=1292184">../..kcc/detail/operatorEditDetail.cfm?docID=1292184</a>	<a href="http://.../kcc/detail/operatorEditDetail.cfm?docID=1310439">../..kcc/detail/operatorEditDetail.cfm?docID=1310439</a>
Total BBL Injected	157580	52528
Total BBL Injected in April	16100	5367
Total BBL Injected in August	10020	3340
Total BBL Injected in December	10020	3340
Total BBL Injected in February	16000	5333
Total BBL Injected in January	16700	5567
Total BBL Injected in July	10020	3340

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Total BBL Injected in June	16100	5367
Total BBL Injected in March	16700	5567
Total BBL Injected in May	16700	5567
Total BBL Injected in November	9600	3200
Total BBL Injected in October	10020	3340
Total BBL Injected in September	9600	3200