

**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: FURMAN 4

Doc ID: 1313608

Correction Number: 1

Field Name	Previous Value	New Value
Date Accepted	01/25/2016	08/08/2016
Maximum Fluid Pressure, April	0	
Maximum Fluid Pressure, August	0	
Maximum Fluid Pressure, December	0	
Maximum Fluid Pressure, February	0	
Maximum Fluid Pressure, January	0	
Maximum Fluid Pressure, July	0	
Maximum Fluid Pressure, June	0	
Maximum Fluid Pressure, March	0	
Maximum Fluid Pressure, May	0	
Maximum Fluid Pressure, November	0	
Maximum Fluid Pressure, October	0	

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Maximum Fluid Pressure, September	0	
Number of Days of Injection, April	30	
Number of Days of Injection, August	31	
Number of Days of Injection, December	30	
Number of Days of Injection, February	28	
Number of Days of Injection, January	31	
Number of Days of Injection, July	30	
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=1280544	../../../../kcc/detail/operatorEditDetail.cfm?docID=1313608
Total BBL Injected	257730	0
Total BBL Injected in April	21300	0
Total BBL Injected in August	22010	0
Total BBL Injected in December	21300	0
Total BBL Injected in February	19880	0
Total BBL Injected in January	22010	0
Total BBL Injected in July	21300	0
Total BBL Injected in June	21300	0
Total BBL Injected in March	22010	0
Total BBL Injected in May	22010	0
Total BBL Injected in November	21300	0
Total BBL Injected in October	22010	0

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Total BBL Injected in September	21300	0