

**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<br>BBL | Maximum Fluid<br>Pressure | Total Gas Injected<br>MCF | Maximum Gas<br>Pressure | # Days of<br>Injection |
|------|--------------|-----------------------------|---------------------------|---------------------------|-------------------------|------------------------|
|      | January      | _____                       | _____                     | _____                     | _____                   | _____                  |
|      | February     | _____                       | _____                     | _____                     | _____                   | _____                  |
|      | March        | _____                       | _____                     | _____                     | _____                   | _____                  |
|      | April        | _____                       | _____                     | _____                     | _____                   | _____                  |
|      | May          | _____                       | _____                     | _____                     | _____                   | _____                  |
|      | June         | _____                       | _____                     | _____                     | _____                   | _____                  |
|      | July         | _____                       | _____                     | _____                     | _____                   | _____                  |
|      | August       | _____                       | _____                     | _____                     | _____                   | _____                  |
|      | September    | _____                       | _____                     | _____                     | _____                   | _____                  |
|      | October      | _____                       | _____                     | _____                     | _____                   | _____                  |
|      | November     | _____                       | _____                     | _____                     | _____                   | _____                  |
|      | December     | _____                       | _____                     | _____                     | _____                   | _____                  |
|      | <b>TOTAL</b> | _____                       | _____                     | _____                     | _____                   | _____                  |

Submitted Electronically

## Summary of Changes

Lease Name and Number: MCKEE 5

Doc ID: 1315541

Correction Number: 2

| Field Name                       | Previous Value | New Value  |
|----------------------------------|----------------|------------|
| Date Accepted                    | 06/17/2016     | 08/29/2016 |
| Maximum Fluid Pressure, April    | 300            | 499        |
| Maximum Fluid Pressure, August   | 300            | 494        |
| Maximum Fluid Pressure, December | 300            | 498        |
| Maximum Fluid Pressure, February | 300            | 481        |
| Maximum Fluid Pressure, January  | 300            | 500        |
| Maximum Fluid Pressure, July     | 300            | 479        |
| Maximum Fluid Pressure, June     | 300            | 498        |
| Maximum Fluid Pressure, March    | 300            | 496        |
| Maximum Fluid Pressure, May      | 300            | 485        |
| Maximum Fluid Pressure, November | 300            | 479        |
| Maximum Fluid Pressure, October  | 300            | 480        |

## Summary of changes for correction 2 continued

| Field Name                        | Previous Value                                     | New Value                                          |
|-----------------------------------|----------------------------------------------------|----------------------------------------------------|
| Maximum Fluid Pressure, September | 300                                                | 497                                                |
| Save Link                         | ../kcc/detail/operatorEditDetail.cfm?docID=1309666 | ../kcc/detail/operatorEditDetail.cfm?docID=1315541 |