

**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)_____ 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 | _____ | _____ | _____ | _____ | _____ |
| | TOTAL | _____ | _____ | _____ | _____ | _____ |

Summary of Changes

Lease Name and Number: BELL 1

Doc ID: 1328553

Correction Number: 1

| Field Name | Previous Value | New Value |
|--------------------------------|---|---|
| Date Accepted | 01/17/2017 | 01/18/2017 |
| Save Link | ../../../../kcc/detail/operatorEditDetail.cfm?docID=1328050 | ../../../../kcc/detail/operatorEditDetail.cfm?docID=1328553 |
| Total BBL Injected | 148211 | 167360 |
| Total BBL Injected in April | 10126 | 12475 |
| Total BBL Injected in August | 13704 | 14205 |
| Total BBL Injected in December | 13906 | 14407 |
| Total BBL Injected in February | 9858 | 12128 |
| Total BBL Injected in January | 11748 | 14175 |
| Total BBL Injected in July | 13887 | 16314 |
| Total BBL Injected in June | 13760 | 16109 |
| Total BBL Injected in March | 10263 | 12690 |
| Total BBL Injected in May | 13268 | 15695 |

Summary of changes for correction 1 continued

| Field Name | Previous Value | New Value |
|---------------------------------|----------------|-----------|
| Total BBL Injected in November | 13821 | 14306 |
| Total BBL Injected in October | 13226 | 13727 |
| Total BBL Injected in September | 10644 | 11129 |