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KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form U3C
June 2015
Form must be Typed
Form must be completed on a per well basis

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 # 5330
Name: Excalibur Production Company, Inc.
Address 1: 1016 N MAIN
Address 2: PO BOX 278
City: MCPHERSON State: KS Zip: 67460 + ___ ___ ___ ___
Contact Person: Lucy Walline
Phone: (620) 241-1265
Lease Name: BECKER
Well Number: 1

API No.: 15-079-20303-00-01
Permit No: E23444.1
Reporting Year: 2016
(January 1 to December 31)

____ - ____ - SE - NW Sec. 28 Twp. 23 S. R. 3 ☐ E ☑ W
(Q/Q/Q/Q)
3300 feet from ☐ N / ☑ S Line of Section
3300 feet from ☑ E / ☐ W Line of Section
County: Harvey

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: 0 psi Injection Zone: MISSISSIPPIAN
Maximum Authorized Injection Rate: 1500 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	186	0	0		31
February	174	0	0		29
March	186	0	0		31
April	180	0	0		30
May	186	0	0		31
June	180	0	0		30
July	186	0	0		31
August	186	0	0		31
September	180	0	0		30
October	186	0	0		31
November	180	0	0		30
December	186	0	0		31
TOTAL	2196		0		

Submitted Electronically