1333001

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 # 5010
Name: Knighton Oil Company, Inc.
Address 1: 1700 N WATERFRONT PKY BLDG 100 STE A
Address 2:
City: Wichita State: KS Zip: 67206 + __ __ __ __
Contact Person: Earl M. Knighton, Jr
Phone: ( 316 ) 630-9905
Lease Name: HOLADAY
Well Number: 2

API No.: 15-127-19012-00-02
Permit No: D18182.0
Reporting Year: 2016
*(January 1 to December 31)*

____ - NE - NW - SW Sec. 35 Twp. 15 S. R. 9 ☑ E ☐ W
*(Q/Q/Q/Q)*
2285 feet from ☐ N / ☑ S Line of Section
4283 feet from ☑ E / ☐ W Line of Section
County: Morris

**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: 200 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 2000 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 | 46670 | 0 | 0 | | 31 |
| February | 42168 | 0 | 0 | | 28 |
| March | 46670 | 0 | 0 | | 31 |
| April | 45230 | 0 | 0 | | 30 |
| May | 46670 | 0 | 0 | | 31 |
| June | 45230 | 0 | 0 | | 30 |
| July | 46670 | 0 | 0 | | 31 |
| August | 46670 | 0 | 0 | | 31 |
| September | 45230 | 0 | 0 | | 30 |
| October | 46670 | 0 | 0 | | 31 |
| November | 45230 | 0 | 0 | | 30 |
| December | 46670 | 0 | 0 | | 31 |
| ***TOTAL*** | 549778 | | 0 | | |

Submitted Electronically