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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 # 31160
Name: Phillips Exploration Company L.C.
Address 1: 211 CEDAR RIDGE CT
Address 2: PO BOX 850
City: ANDOVER State: KS Zip: 67002 + 0850
Contact Person: James Phillips
Phone: (316) 636-2256
Lease Name: HERMAN TRUST
Well Number: 3-34

API No.: 15-065-23554-00-00
Permit No: D30473.0
Reporting Year: 2016
(January 1 to December 31)

____ - W2 - NW - NE Sec. 34 Twp. 9 S. R. 24 ☐ E ☑ W
(Q/Q/Q/Q)
4653 feet from ☐ N / ☑ S Line of Section
2317 feet from ☑ E / ☐ W Line of Section
County: Graham

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: ARBUCKLE
Maximum Authorized Injection Rate: 500 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	15500	0	0		31
February	14000	0	0		28
March	15500	0	0		31
April	15500	0	0		30
May	15000	0	0		31
June	15000	0	0		30
July	15500	0	0		31
August	15500	0	0		31
September	15000	0	0		30
October	15000	0	0		31
November	15000	0	0		30
December	15500	0	0		31
TOTAL	182000		0		

Submitted Electronically