

**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 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: GRAHAM F P 1

Doc ID: 1334791

Correction Number: 1

Field Name	Previous Value	New Value
Date Accepted	02/08/2017	02/13/2017
Injection Fluid Type	WaterBrine	UntreatedBrine
Injection Zone	salt sand	bartlesville
Number of Days of Injection, April	10	28
Number of Days of Injection, August	15	28
Number of Days of Injection, December	15	23
Number of Days of Injection, February	10	28
Number of Days of Injection, January	15	25
Number of Days of Injection, July	10	28
Number of Days of Injection, June	15	28
Number of Days of Injection, March	15	28
Number of Days of Injection, May	10	28

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Number of Days of Injection, November	10	24
Number of Days of Injection, October	10	25
Number of Days of Injection, September	10	27
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1333505	../../../../kcc/detail/operatorEditDetail.cfm?docID=1334791
Total BBL Injected	6360	21970
Total BBL Injected in April	600	1920
Total BBL Injected in August	700	2000
Total BBL Injected in December	400	1420
Total BBL Injected in February	450	2000
Total BBL Injected in January	500	1500
Total BBL Injected in July	700	1960
Total BBL Injected in June	610	1950
Total BBL Injected in March	400	1900

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Total BBL Injected in May	500	2100
Total BBL Injected in November	450	1600
Total BBL Injected in October	450	1710
Total BBL Injected in September	600	1910