

**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/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: \_\_\_\_\_ 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	_____	_____	_____	_____	_____
	<b>TOTAL</b>	_____	_____	_____	_____	_____

## Summary of Changes

Lease Name and Number: EBY 5 4

Doc ID: 1335961

Correction Number: 1

Field Name	Previous Value	New Value
Date Accepted	02/14/2017	02/16/2017
Maximum Fluid Pressure, April	170	0
Maximum Fluid Pressure, August	170	0
Maximum Fluid Pressure, December	170	0
Maximum Fluid Pressure, February	170	0
Maximum Fluid Pressure, January	170	0
Maximum Fluid Pressure, July	170	0
Maximum Fluid Pressure, June	170	0
Maximum Fluid Pressure, March	170	0
Maximum Fluid Pressure, May	170	0
Maximum Fluid Pressure, November	170	0
Maximum Fluid Pressure, October	170	0

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Maximum Fluid Pressure, September	170	0
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1335331	../../../../kcc/detail/operatorEditDetail.cfm?docID=1335961
Total BBL Injected	438000	146000
Total BBL Injected in April	36000	12000
Total BBL Injected in August	37200	12400
Total BBL Injected in December	37200	12400
Total BBL Injected in February	33600	11200
Total BBL Injected in January	37200	12400
Total BBL Injected in July	37200	12400
Total BBL Injected in June	36000	12000
Total BBL Injected in March	37200	12400
Total BBL Injected in May	37200	12400
Total BBL Injected in November	36000	12000

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Total BBL Injected in October	37200	12400
Total BBL Injected in September	36000	12000