



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 # 30160
Name: Clute Oil Corporation
Address 1: 4300 S DAHLIA ST
Address 2: _____
City: CHERRY HILLS VILLAGE State: CO Zip: 80113 + 6101
Contact Person: Peter Clute
Phone: (303) 779-4216
Lease Name: MILDREXTER B
Well Number: 3

API No.: 15-065-01017-00-02
Permit No.: D25041.0
Reporting Year: 2016
(January 1 to December 31)
____ - ____ - SE - NE Sec. 6 Twp. 7 S. R. 22 ☐ E ☒ W
(a/a/a/a)
3300 feet from ☐ N / ☒ S Line of Section
668 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: 50 psi Injection Zone: CEDAR HILLS
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	<u>1960</u>	<u>0</u>	<u>0</u>		<u>24</u>
	February	<u>500</u>	<u>0</u>	<u>0</u>		<u>5</u>
	March	<u>200</u>	<u>0</u>	<u>0</u>		<u>5</u>
	April	<u>800</u>	<u>0</u>	<u>0</u>		<u>20</u>
	May	<u>1780</u>	<u>0</u>	<u>0</u>		<u>27</u>
	June	<u>1200</u>	<u>0</u>	<u>0</u>		<u>30</u>
	July	<u>960</u>	<u>0</u>	<u>0</u>		<u>24</u>
	August	<u>1240</u>	<u>0</u>	<u>0</u>		<u>31</u>
	September	<u>1000</u>	<u>0</u>	<u>0</u>		<u>25</u>
	October	<u>2200</u>	<u>0</u>	<u>0</u>		<u>30</u>
	November	<u>1160</u>	<u>0</u>	<u>0</u>		<u>29</u>
	December	<u>1200</u>	<u>0</u>	<u>0</u>		<u>30</u>
	TOTAL	<u>14200</u>		<u>0</u>		

Submitted Electronically