1336640

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 # 32916
Name: Premiere Corporation
Address 1: 201 W. HARVEY
Address 2: PO BOX 529
City: WELLINGTON State: KS Zip: 67152 + __ __ __ __
Contact Person: J. C. Long
Phone: (620) 326-7471
Lease Name: CLARKE G
Well Number: 2

API No.: 15-007-20858-00-01
Permit No: E24226.2
Reporting Year: 2016
(January 1 to December 31)

____ - ____ - NE - NE Sec. 8 Twp. 32 S. R. 12 ☐ E ☑ W
(Q/Q/Q/Q)
4603 feet from ☐ N / ☑ S Line of Section
671 feet from ☑ E / ☐ W Line of Section
County: Barber

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: Formalized Chemical Solution
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 1000 psi Injection Zone: ELGIN
Maximum Authorized Injection Rate: 2000 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 2 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	3905	650	0		31
February	2125	650	0		28
March	1018	650	0		31
April	3530	650	0		30
May	2214	650	0		31
June	3489	650	0		30
July	3345	650	0		31
August	4232	650	0		31
September	4380	650	0		30
October	3190	650	0		31
November	3357	650	0		30
December	3230	650	0		31
TOTAL	38015		0		

Submitted Electronically