## 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 \# 5030
Name: Vess Oil Corporation
Address 1: 1700 WATERFRONT PKWY BLDG 500
Address 2 :
City: WICHITA State: KS Zip: $\underline{67206}+\underline{6619} \ldots$
Contact Person: Michelle Henning
Phone: (316 ) 682-1537
Lease Name: WILSON A
Well Number: 322

API No.: 15-015-19130-00-02
Permit No: E27410.3
Reporting Year: 2016
(January 1 to December 31)


County: Butler
I. Injection Fluid:

| Type (Pick one): |  | Fresh Water | $\checkmark$ | Treated Brine | Untreated Brine | Water/Brine |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Source: | $\checkmark$ | Produced Water |  | Other (Attach |  |  |
| Quality: | Total Dissolved | Solids: |  | mg/l Specific | - Add |  |

(Attach water analysis, if available)

## II. Well Data:

Maximum Authorized Injection Pressure: 325
Maximum Authorized Injection Rate: 1000
$\qquad$ psi Injection Zone: White Cloud

Total Number of Enhanced Recovery Injection Wells Covered by this Permit: $\qquad$ (Include TA's)
III.

| Month: | Total Fluid Injected <br> BBL |
| :--- | :---: |
|  | 465 |
| January | 435 |
| February | 465 |
| March | 450 |
| April | 465 |
| May | 450 |
| June | 465 |
| July | 465 |
| August | 450 |
| September |  |
| October | 465 |
| November | 450 |
| December |  |
| TOTAL | 465 |


| Maximum Fluid Pressure | Total Gas Injected MCF |
| :---: | :---: |
| 280 | 0 |
| 280 | 0 |
| 280 | 0 |
| 280 | 0 |
| 280 | 0 |
| 280 | 0 |
| 280 | 0 |
| 280 | 0 |
| 280 | 0 |
| 280 | 0 |
| 280 | 0 |
| 280 | 0 |
|  | 0 |

Maximum Gas Pressure
\# Days of Injection3129313031303131
30313031

