1338906

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 # 5616
Name: Noah, Calvin (Deceased)
Address 1: 329 N BIRCH
Address 2:
City: VALLEY CENTER State: KS Zip: 67147 + 2548
Contact Person: Kitt Noah
Phone: (316) 841-9510
Lease Name: PRATT FEE
Well Number: 1-15

API No.: 15-195-20576-00-01
Permit No: D21085.0
Reporting Year: 2016
(January 1 to December 31)

____ - SE - NE - SW Sec. 15 Twp. 11 S. R. 22 ☐ E ☑ W
(Q/Q/Q/Q)
1717 feet from ☐ N / ☑ S Line of Section
3125 feet from ☑ E / ☐ W Line of Section
County: Trego

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: 0 psi Injection Zone: CEDAR HILLS

Maximum Authorized Injection Rate: 500 barrels per day

Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 0 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	0		0		
February	0		0		
March	0		0		
April	0		0		
May	0		0		
June	0		0		
July	0		0		
August	0		0		
September	0		0		
October	0		0		
November	0		0		
December	0		0		
TOTAL	0		0		

Submitted Electronically