1342419

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 # 34350
Name: Altavista Energy, Inc.
Address 1: 4595 K-33 HIGHWAY
Address 2: PO BOX 128
City: WELLSVILLE State: KS Zip: 66092 + ___ ___ ___ ___
Contact Person: Phillip Frick
Phone: (785) 883-4057
Lease Name: O'BRIEN
Well Number: 15 W

API No.: 15-121-25369-00-01
Permit No: E26555.3
Reporting Year: 2016
(January 1 to December 31)

SE - SE - SW - NE Sec. 1 Twp. 18 S. R. 21 ☑ E ☐ W
(Q/Q/Q/Q)
555 feet from ☐ N / ☑ S Line of Section
943 feet from ☑ E / ☐ W Line of Section
County: Miami

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: 380 psi Injection Zone: Squirrel
Maximum Authorized Injection Rate: 61 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 18 *(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	416	380	0		24
July	553	380	0		31
August	545	380	0		31
September	722	380	0		30
October	816	380	0		31
November	833	380	0		30
December	863	380	0		31
TOTAL	4748		0		

Submitted Electronically