1342440

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: JOHNSON
Well Number: CW 7

API No.: 15-045-21186-00-01
Permit No: E29043.5
Reporting Year: 2016
(January 1 to December 31)

____ - NW - SE - SW Sec. 1 Twp. 15 S. R. 20 ☑ E ☐ W
(Q/Q/Q/Q)
3220 feet from ☐ N / ☑ S Line of Section
3480 feet from ☑ E / ☐ W Line of Section
County: Douglas

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: 750 psi Injection Zone: Squirrel
Maximum Authorized Injection Rate: 100 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 33 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	831	750	0		31
February	831	750	0		29
March	963	750	0		31
April	998	750	0		30
May	1050	750	0		31
June	1007	750	0		30
July	1095	750	0		31
August	999	750	0		31
September	1088	750	0		30
October	1131	750	0		31
November	1129	750	0		30
December	1077	750	0		31
TOTAL	12199		0		

Submitted Electronically