KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1342535

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: GREG GLEUE
Well Number: AI-3

API No.: 15-031-24168-00-00
Permit No: E30812.4
Reporting Year: 2016
(January 1 to December 31)

NE (Q/Q/Q/Q) - SW - SE - NW Sec. 14 Twp. 22 S. R. 16 ☑ E ☐ W
3135 feet from ☐ N / ☑ S Line of Section
1815 feet from ☑ E / ☐ W Line of Section
County: Coffey

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: 600 psi Injection Zone: Squirrel
Maximum Authorized Injection Rate: 150 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 5 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	205	600	0		14
February	842	600	0		29
March	1111	600	0		31
April	1079	600	0		30
May	983	600	0		31
June	1041	600	0		30
July	737	600	0		24
August	0		0		
September	0		0		
October	0		0		
November	0		0		
December	0		0		
TOTAL	5998		0		

Submitted Electronically