



**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 # \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address 1: \_\_\_\_\_  
 Address 2: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
 Lease Name: \_\_\_\_\_  
 Well Number: \_\_\_\_\_

API No.: \_\_\_\_\_  
 Permit No.: \_\_\_\_\_  
 Reporting Year: \_\_\_\_\_  
 (January 1 to December 31)  
 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  E  W  
 (a/a/a/a)  
 \_\_\_\_\_ feet from  N /  S Line of Section  
 \_\_\_\_\_ feet from  E /  W Line of Section  
 County: \_\_\_\_\_

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

III.	Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
	January	_____	_____	_____	_____	_____
	February	_____	_____	_____	_____	_____
	March	_____	_____	_____	_____	_____
	April	_____	_____	_____	_____	_____
	May	_____	_____	_____	_____	_____
	June	_____	_____	_____	_____	_____
	July	_____	_____	_____	_____	_____
	August	_____	_____	_____	_____	_____
	September	_____	_____	_____	_____	_____
	October	_____	_____	_____	_____	_____
	November	_____	_____	_____	_____	_____
	December	_____	_____	_____	_____	_____
	<b>TOTAL</b>	_____	_____	_____	_____	_____

# *N-10 EXPLORATION, LLC*

*P.O. Box 195*

*Attica, Kansas 67009*

*Phone: 620-254-7251 ~ Fax: 620-254-7281*

*Email: [rboil@sctelcom.net](mailto:rboil@sctelcom.net)*

---

March 3, 2017

Attachment to N-10 Exploration, LLC's Form U3C for Medicine River Ranch SWD B, Docket # D-30, 586

## Lease Description:

The East Half (E/2) and the East Half of the Southwest Quarter (E/2 SW/4) and the East 120 acres of the Northwest Quarter (NW/4) of Section 10, Township 34 South, Range 11 West; and the West Half of the Southwest Quarter (W/2 SW/4) of Section 14 and all of Section 15 and the East Half of the Southeast Quarter (E/2 SE/4) and that part of the Southwest Quarter of the Southeast Quarter (SW/4 SE/4) of Section 16 lying East of the center line of the main track of the railroad right of way (now vacated) as such track was located across said Southwest Quarter of the Southeast Quarter (SW/4 SE/4) of Section 16, Township 34 South, Range 11 West; and the Northeast Quarter (NE/4) of Section 21 and the North Half (N/2) and the Southeast Quarter (SE/4) of Section 22 and the West Half of the Northwest Quarter (W/2 NW/4) of Section 23, Township 34 South, Range 11 West, containing 2,087 acres, more or less in Barber County, Kansas