

**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)*\_\_\_\_ 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/BrineSource:  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>	_____	_____	_____	_____	_____

## Summary of Changes

Lease Name and Number: RUDER 1

Doc ID: 1345022

Correction Number: 1

Field Name	Previous Value	New Value
Flagged	No	Yes
Maximum Fluid Pressure, August	0	
Maximum Fluid Pressure, December	0	
Maximum Fluid Pressure, July	0	
Maximum Fluid Pressure, June	0	
Maximum Fluid Pressure, May	0	
Maximum Fluid Pressure, November	0	
Maximum Fluid Pressure, October	0	
Maximum Fluid Pressure, September	0	
Number of Days of Injection, August	31	
Number of Days of Injection, December	31	
Number of Days of Injection, July	31	

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Number of Days of Injection, June	30	
Number of Days of Injection, May	31	
Number of Days of Injection, November	30	
Number of Days of Injection, October	31	
Number of Days of Injection, September	30	
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1345007	../../../../kcc/detail/operatorEditDetail.cfm?docID=1345022
Total BBL Injected	15782	5202
Total BBL Injected in August	1330	0
Total BBL Injected in December	1330	0
Total BBL Injected in July	1330	0
Total BBL Injected in June	1310	0
Total BBL Injected in May	1330	0
Total BBL Injected in November	1310	0

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Total BBL Injected in October	1330	0
Total BBL Injected in September	1310	0