1345387

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 # 6030
Name: Ainsworth Operating Co.
Address 1: 4676 COMMERCIAL ST., SE #412
Address 2:
City: SALEM State: OR Zip: 97302 + __ __ __ __
Contact Person: Al Ainsworth
Phone: (503) 881-4357
Lease Name: BASINGER
Well Number: 1 (2)

API No.: 15-195-21950-00-00
Permit No: D26214.0
Reporting Year: 2016
(January 1 to December 31)

____ - SE - NW - SE Sec. 33 Twp. 15 S. R. 25 ☐ E ☑ W
(Q/Q/Q/Q)
1423 feet from ☐ N / ☑ S Line of Section
1420 feet from ☑ E / ☐ W Line of Section
County: Trego

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: 0 psi Injection Zone: CEDAR HILLS
Maximum Authorized Injection Rate: 1500 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	4225	-10	0		31
February	3995	-11	0		28
March	4425	-8	0		31
April	4395	-9	0		30
May	4150	-11	0		31
June	4229	-10	0		30
July	4354	-11	0		31
August	4220	-13	0		31
September	4050	-10	0		30
October	4112	-11	0		31
November	3865	-13	0		30
December	4258	-9	0		31
TOTAL	50278		0		

Submitted Electronically