1348364

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 # 35182
Name: True North Energy, LLC
Address 1: 140 GRAVES TRAIL #A
Address 2:
City: BOZEMAN State: MT Zip: 59718 + 4549
Contact Person: Tracy Poole
Phone: (406) 624-6226
Lease Name: JEWEL J. SHIKELS
Well Number: I-14S

API No.: 15-107-24855-00-00
Permit No: E31666.6
Reporting Year: 2016
(January 1 to December 31)

____ - SW - SE - NE Sec. 25 Twp. 20 S. R. 21 ☑ E ☐ W
(Q/Q/Q/Q)
3226 feet from ☐ N / ☑ S Line of Section
1000 feet from ☑ E / ☐ W Line of Section
County: Linn

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: 400 psi Injection Zone: SQUIRREL
Maximum Authorized Injection Rate: 100 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	310	400	0		31
February	290	400	0		29
March	310	400	0		31
April	300	400	0		30
May	310	400	0		31
June	300	400	0		30
July	310	400	0		31
August	310	400	0		31
September	300	400	0		30
October	310	400	0		31
November	300	400	0		30
December	310	400	0		31
TOTAL	3660		0		

Submitted Electronically