

**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	_____	_____	_____	_____	_____
	TOTAL	_____	_____	_____	_____	_____

Summary of Changes

Lease Name and Number: SOUTH OESER 4

Doc ID: 1349150

Correction Number: 1

Field Name	Previous Value	New Value
API	15-009-03145-00-01	15-009-03145-00-02
Date Accepted	03/02/2017	03/21/2017
Injection Zone	LANSING-KANSAS CITY	LANSING
Is Footage Measured from the East or the West Section Line	West	East
LocationInfoLink	https://kolar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=30&t350	https://kolar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=30&t750
Maximum Authorized Injection Pressure	350	750
Maximum Authorized Injection Rate	112	500
Number of Feet East or West From Section Line	2310	3041
Number of Feet North or South From Section Line	1173	992
Permit Number	D05438.0	E16846.3
Save Link	../kcc/detail/operatorEditDetail.cfm?docID=1346401	../kcc/detail/operatorEditDetail.cfm?docID=1349150
Subdivision2		SE

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Subdivision3		NE
Subdivision4Smallest		NW