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 # 35116
Name: SM Oil & Gas, Inc.
Address 1: PO BOX 189
Address 2:
City: SKIATOOK State: OK Zip: 74070 + 0189
Contact Person: Stan Miller Sr.
Phone: ( 918 ) 629-2151
Lease Name: UNDERWOOD
Well Number: 6

API No.: 15-019-24716-00-01
Permit No: E32151.2
Reporting Year: 2017
*(January 1 to December 31)*

SW - SE - SE - SW Sec. 8 Twp. 33 S. R. 10 ☑ E ☐ W
*(Q/Q/Q/Q)*
69 feet from ☐ N / ☑ S Line of Section
3153 feet from ☑ E / ☐ W Line of Section
County: Chautauqua

**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: 500 psi Injection Zone: WAYSIDE
Maximum Authorized Injection Rate: 600 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 | 559 | 185 | 0 | | 4 |
| February | 0 | | 0 | | |
| March | 0 | | 0 | | |
| April | 0 | | 0 | | |
| May | 0 | | 0 | | |
| June | 0 | | 0 | | |
| July | 0 | | 0 | | |
| August | 0 | | 0 | | |
| September | 0 | | 0 | | |
| October | 0 | | 0 | | |
| November | 0 | | 0 | | |
| December | 0 | | 0 | | |
| ***TOTAL*** | 559 | | 0 | | |

Submitted Electronically