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 # 33097
Name: Southern Star Central Gas Pipeline, Inc.
Address 1: 4700 HWY 56
Address 2:
City: OWENSBORO State: KY Zip: 42301 + 9303
Contact Person: Sterling Barker
Phone: ( 785 ) 448-4816
Lease Name: NORTHWEST CENTRAL PIPELINE
Well Number: SWD 1

API No.: 15-003-24364-00-00
Permit No: D28931.0
Reporting Year: 2017
*(January 1 to December 31)*

____ - NE - NE - NE Sec. 21 Twp. 22 S. R. 19 ☑ E ☐ W
*(Q/Q/Q/Q)*
5112 feet from ☐ N / ☑ S Line of Section
160 feet from ☑ E / ☐ W Line of Section
County: Anderson

**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: ARBUCKLE
Maximum Authorized Injection Rate: 3000 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

**III.**

| Month: | Total Fluid Injected BBL | Maximum Fluid Pressure | Total Gas Injected MCF | Maximum Gas Pressure | # Days of Injection |
|---|---|---|---|---|---|
| January | 0 | | 0 | | |
| 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 | 400 | 0 | 0 | | 2 |
| November | 0 | | 0 | | |
| December | 0 | | 0 | | |
| ***TOTAL*** | 400 | | 0 | | |

Submitted Electronically