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 # 32984
Name: Goby Energy, Inc.
Address 1: 51000 TWO RIVERS PLAZA
Address 2:
City: GLENWOOD SPRINGS State: CO Zip: 81601 + 2809
Contact Person: Steve Beckley
Phone: (970) 618-7127
Lease Name: SCHONTHALER
Well Number: 2

API No.: 15-163-20111-00-02
Permit No: D20643.0
Reporting Year: 2017
(January 1 to December 31)

____ - ____ - ____ - SW Sec. 30 Twp. 10 S. R. 19 ☐ E ☑ W
(Q/Q/Q/Q)
1320 feet from ☐ N / ☑ S Line of Section
3960 feet from ☑ E / ☐ W Line of Section
County: Rooks

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: 150 psi Injection Zone: CEDAR HILLS
Maximum Authorized Injection Rate: 800 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	900	0	0		31
February	820	0	0		28
March	900	0	0		31
April	850	0	0		30
May	900	0	0		31
June	850	0	0		30
July	900	0	0		31
August	900	0	0		31
September	800	0	0		28
October	900	0	0		31
November	720	0	0		26
December	700	0	0		24
TOTAL	10140		0		

Submitted Electronically