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 # 35408
Name: Calvin Noah, LLC
Address 1: 329 N. BIRCH
Address 2:
City: VALLEY CENTER State: KS Zip: 67147 + __ __ __ __
Contact Person: Kitt Noah
Phone: ( 316 ) 755-1032
Lease Name: POTTER
Well Number: 1

API No.: 15-115-00990-00-01
Permit No: D20909.0
Reporting Year: 2017
*(January 1 to December 31)*

____ - NE - NE - SW Sec. 6 Twp. 21 S. R. 3 ☑ E ☐ W
*(Q/Q/Q/Q)*
2391 feet from ☐ N / ☑ S Line of Section
3085 feet from ☑ E / ☐ W Line of Section
County: Marion

**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: 0 *(Include TA's)*

**III.**

| Month: | Total Fluid Injected BBL | Maximum Fluid Pressure | Total Gas Injected MCF | Maximum Gas Pressure | # Days of Injection |
|---|---|---|---|---|---|
| January | 986 | 0 | 0 | | 17 |
| 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*** | 986 | | 0 | | |

Submitted Electronically