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 # 34883
Name: Area Management Corp
Address 1: 9001 ROE AVE
Address 2:
City: PRAIRIE VILLAGE State: KS Zip: 66207 + __ __ __ __
Contact Person: Lesli Baker
Phone: (913) 648-7700
Lease Name: LONGANECKER
Well Number: I-2

API No.: 15-091-22373-00-00
Permit No: E25490.2
Reporting Year: 2017
(January 1 to December 31)

____ - NW - NE - SW Sec. 30 Twp. 14 S. R. 22 ☑ E ☐ W
(Q/Q/Q/Q)
4281 feet from ☐ N / ☑ S Line of Section
3175 feet from ☑ E / ☐ W Line of Section
County: Johnson

I. Injection Fluid:

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☑ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: NA mg/l Specific Gravity: NA Additives: NA
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 650 psi Injection Zone: Bartlesville
Maximum Authorized Injection Rate: 100 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	930	600	0		31
February	840	600	0		28
March	930	600	0		31
April	900	600	0		30
May	930	600	0		31
June	900	600	0		30
July	930	600	0		31
August	930	600	0		31
September	900	600	0		30
October	930	600	0		31
November	900	600	0		30
December	930	600	0		31
TOTAL	10950		0		

Submitted Electronically