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 # 34586
Name: ST Petroleum, Inc.
Address 1: 18800 SUNFLOWER RD
Address 2:
City: EDGERTON State: KS Zip: 66021 + __ __ __ __
Contact Person: Lesli Baker
Phone: (913) 980-5036
Lease Name: THOMAS A.
Well Number: I-10

API No.: 15-091-23607-00-00
Permit No: E31051.2
Reporting Year: 2017
(January 1 to December 31)

____ - NE - SW - NW Sec. 29 Twp. 14 S. R. 22 ☑ E ☐ W
(Q/Q/Q/Q)
3389 feet from ☐ N / ☑ S Line of Section
2127 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: 500 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	868	455	0		31
February	784	455	0		28
March	868	455	0		31
April	840	455	0		30
May	868	455	0		31
June	840	455	0		30
July	868	455	0		31
August	868	455	0		31
September	840	455	0		30
October	868	455	0		31
November	840	455	0		30
December	868	455	0		31
TOTAL	10220		0		

Submitted Electronically