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 # 35219
Name: Flatland Energy, LLC
Address 1: 4747 TEXAS RD
Address 2:
City: WELLSVILLE State: KS Zip: 66092 + __ __ __ __
Contact Person: Lesli Baker
Phone: (913) 940-4757
Lease Name: BROWNRIGG A
Well Number: 45

API No.: 15-107-24055-00-00
Permit No: E30101.11
Reporting Year: 2017
(January 1 to December 31)

____ - NW - SE - NW Sec. 30 Twp. 20 S. R. 22 ☑ E ☐ W
(Q/Q/Q/Q)
3660 feet from ☐ N / ☑ S Line of Section
3805 feet from ☑ E / ☐ W Line of Section
County: Linn

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: 300 psi Injection Zone: Squirrel
Maximum Authorized Injection Rate: 40 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	1085	250	0		31
February	980	250	0		28
March	1085	250	0		31
April	1050	250	0		30
May	1085	250	0		31
June	1050	250	0		30
July	1085	250	0		31
August	1085	250	0		31
September	1050	250	0		30
October	1085	250	0		31
November	1050	250	0		30
December	1085	250	0		31
TOTAL	12775		0		

Submitted Electronically