ANNUAL REPORT OF PRESSURE MONITORING,

## Complete all blanks - add pages if needed. Copy to be retained for five (5) years after filing date.

OPERATOR: License \# 34170
Name: Sirius Energy Corp.
Address 1: 526 COUNTRY PL, SOUTH
Address 2: $\qquad$
City: ABILENE State: TX Zip: $\underline{79606}+\underline{7032} \ldots$
Contact Person: Kim Sonne
Phone: ( 325 ) 665-9152
Lease Name: DEVLIN
Well Number: 13

API No.: 15-099-20957-00-01
Permit No: E19664.49
Reporting Year: 2017
(January 1 to December 31)


| 3487 | feet from $\square \mathrm{N} / \square \mathrm{s}$ Line of Section |
| :--- | :--- |
| 3184 | feet from $\boxed{V} / \square \mathrm{W}$ Line of Section |

County: Labette
$\square$ Untreated Brine Treated Brine $\square$ Other (Attach list) $\mathrm{mg} / \mathrm{l}$ Specific Gravity: $\qquad$ Additives: $\qquad$ (Attach water analysis, if available)
II. Well Data:

Maximum Authorized Injection Pressure: 250
psi
Injection Zone: Bartlesville
Maximum Authorized Injection Rate: 4000
barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 55 $\qquad$ (Include TA's)
III.

| Month: | Total Fluid Injected BBL |
| :---: | :---: |
| January | 30 |
| February | 30 |
| March | 30 |
| April | 30 |
| May | 30 |
| June | 30 |
| July | 30 |
| August | 30 |
| September | 30 |
| October | 30 |
| November | 30 |
| December | 30 |
| TOTAL | 360 |


| Maximum Fluid Pressure | Total Gas Injected MCF |
| :---: | :---: |
| 200 | 0 |
| 200 | 0 |
| 200 | 0 |
| 200 | 0 |
| 200 | 0 |
| 200 | 0 |
| 200 | 0 |
| 200 | 0 |
| 200 | 0 |
| 200 | 0 |
| 200 | 0 |
| 200 | 0 |
|  | 0 |

Maximum Gas Pressure
\# Days of Injection 31 28313031303131
30313031

