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 # 31938
Name: Indian Oil Co., Inc.
Address 1: PO BOX 209
Address 2: 2507 SE US 160 HWY
City: MEDICINE LODGE State: KS Zip: 67104 + 0209
Contact Person: Joscelyn Nittler
Phone: (620) 886-3763
Lease Name: THOMAS
Well Number: 1 SWD

API No.: 15-113-20332-00-00
Permit No: D18229.0
Reporting Year: 2017
(January 1 to December 31)

____ - SE - NW - NE Sec. 26 Twp. 19 S. R. 1 ☐ E ☑ W
(Q/Q/Q/Q)
2202 feet from ☐ N / ☑ S Line of Section
1396 feet from ☑ E / ☐ W Line of Section
County: McPherson

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: 2000 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	2790	0	0		31
February	2520	0	0		28
March	2790	0	0		31
April	2700	0	0		30
May	2790	0	0		31
June	2700	0	0		30
July	2790	0	0		31
August	2790	0	0		31
September	2700	0	0		30
October	2790	0	0		31
November	2700	0	0		30
December	2790	0	0		31
TOTAL	32850		0		

Submitted Electronically