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 # 33099
Name: Inlan Oceans, LLC
Address 1: 3589 CR 1475
Address 2: PO Box 75
City: COFFEYVILLE State: KS Zip: 67337 + ___ ___ ___ ___
Contact Person: Don Axthelm
Phone: (620) 252-5151
Lease Name: PLUMMER
Well Number: 8

API No.: 15-125-26871-00-01
Permit No: E23318.1
Reporting Year: 2017
(January 1 to December 31)

SE - NE - SE - SW Sec. 8 Twp. 31 S. R. 17 ☑ E ☐ W
(Q/Q/Q/Q)
912 feet from ☐ N / ☑ S Line of Section
2844 feet from ☑ E / ☐ W Line of Section
County: Montgomery

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: 300 psi Injection Zone: Squiral
Maximum Authorized Injection Rate: 200 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	5378	300	0		31
February	4853	300	0		28
March	5405	300	0		31
April	5240	300	0		30
May	5418	300	0		31
June	5289	300	0		30
July	5423	300	0		31
August	5397	300	0		31
September	5320	300	0		30
October	5412	300	0		31
November	5364	300	0		30
December	5382	300	0		31
TOTAL	63881		0		

Submitted Electronically