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 # 9971
Name: Kodiak Petroleum, Inc.
Address 1: PO BOX 4677
Address 2:
City: ENGLEWOOD State: CO Zip: 80155 + 4677
Contact Person: Kent A Johnson
Phone: ( 303 ) 790-7550
Lease Name: TINDALL/AKERS
Well Number: 2

API No.: 15-009-23175-00-00
Permit No: D23058.0
Reporting Year: 2017
*(January 1 to December 31)*

____ - SE - SW - NW Sec. 18 Twp. 18 S. R. 12 ☐ E ☑ W
*(Q/Q/Q/Q)*
2995 feet from ☐ N / ☑ S Line of Section
4390 feet from ☑ E / ☐ W Line of Section
County: Barton

**I. Injection Fluid:**

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☑ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: 66263 mg/l Specific Gravity: 1.0466 Additives: none
*(Attach water analysis, if available)*

**II. Well Data:**

Maximum Authorized Injection Pressure: 0 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 400 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 0 *(Include TA's)*

**III.**

| Month: | Total Fluid Injected BBL | Maximum Fluid Pressure | Total Gas Injected MCF | Maximum Gas Pressure | # Days of Injection |
|---|---|---|---|---|---|
| January | 0 | | 0 | | |
| February | 220 | 0 | 0 | | 11 |
| March | 620 | 0 | 0 | | 29 |
| April | 600 | 0 | 0 | | 30 |
| May | 620 | 0 | 0 | | 31 |
| June | 520 | 0 | 0 | | 26 |
| July | 620 | 0 | 0 | | 31 |
| August | 620 | 0 | 0 | | 31 |
| September | 600 | 0 | 0 | | 30 |
| October | 600 | 0 | 0 | | 30 |
| November | 180 | 0 | 0 | | 9 |
| December | 140 | 0 | 0 | | 7 |
| ***TOTAL*** | 5340 | | 0 | | |

Submitted Electronically