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 # 6768
Name: Carrie Exploration & Development, LLC
Address 1: 1611 COPPER CREEK CT.
Address 2:
City: HAYS State: KS Zip: 67601 + 2667
Contact Person: Ron Herold
Phone: ( 785 ) 625-9318
Lease Name: NIXON
Well Number: 3

API No.: 15-195-00489-00-01
Permit No: D20850.0
Reporting Year: 2017
*(January 1 to December 31)*

____ - NW - SE - NW Sec. 23 Twp. 12 S. R. 22 ☐ E ☑ W
*(Q/Q/Q/Q)*
3371 feet from ☐ N / ☑ S Line of Section
3366 feet from ☑ E / ☐ W Line of Section
County: Trego

**I. Injection Fluid:**

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☑ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: 21000 mg/l Specific Gravity: 1.02 Additives:
*(Attach water analysis, if available)*

**II. Well Data:**

Maximum Authorized Injection Pressure: 0 psi Injection Zone: CEDAR HILLS
Maximum Authorized Injection Rate: 1700 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 | 2800 | 0 | 0 | | 30 |
| February | 2500 | 0 | 0 | | 28 |
| March | 2800 | 0 | 0 | | 31 |
| April | 3400 | 0 | 0 | | 30 |
| May | 3400 | 0 | 0 | | 31 |
| June | 3900 | 0 | 0 | | 30 |
| July | 3900 | 0 | 0 | | 31 |
| August | 3900 | 0 | 0 | | 31 |
| September | 3900 | 0 | 0 | | 30 |
| October | 3900 | 0 | 0 | | 31 |
| November | 2600 | 0 | 0 | | 30 |
| December | 2400 | 0 | 0 | | 31 |
| ***TOTAL*** | 39400 | | 0 | | |

Submitted Electronically