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 # 34772
Name: Ensminger Energy LLC
Address 1: 1493 3000 ST.
Address 2:
City: MORAN State: KS Zip: 66755 + 3949
Contact Person: Alan Ensminger
Phone: ( 620 ) 496-7182
Lease Name: MCFADDEN
Well Number: W-2A

API No.: 15-001-28703-00-00
Permit No: E18507.61
Reporting Year: 2017
*(January 1 to December 31)*

NE - NE - NE - NE Sec. 12 Twp. 25 S. R. 19 ☑ E ☐ W
*(Q/Q/Q/Q)*
5165 feet from ☐ N / ☑ S Line of Section
280 feet from ☑ E / ☐ W Line of Section
County: Allen

**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: 600 psi Injection Zone: BARTLESVILLE
Maximum Authorized Injection Rate: 50 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 | 455 | 500 | 0 | | 31 |
| February | 450 | 500 | 0 | | 28 |
| March | 460 | 500 | 0 | | 31 |
| April | 455 | 500 | 0 | | 30 |
| May | 455 | 500 | 0 | | 31 |
| June | 460 | 500 | 0 | | 30 |
| July | 455 | 500 | 0 | | 31 |
| August | 450 | 500 | 0 | | 31 |
| September | 455 | 500 | 0 | | 30 |
| October | 460 | 500 | 0 | | 31 |
| November | 455 | 500 | 0 | | 30 |
| December | 455 | 500 | 0 | | 31 |
| ***TOTAL*** | 5465 | | 0 | | |

Submitted Electronically