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 # 6381
Name: Steinforth, Loren
Address 1: 672 INDIAN ROAD
Address 2:
City: YATES CENTER State: KS Zip: 66783 + __ __ __ __
Contact Person: Jerry Steinforth
Phone: (620) 625-3675
Lease Name: STEINFORTH
Well Number: 1

API No.: 15-207-02464-00-01
Permit No: E05598.1
Reporting Year: 2017
(January 1 to December 31)

SE - SE - NE - NW Sec. 13 Twp. 26 S. R. 14 ☑ E ☐ W
(Q/Q/Q/Q)
4295 feet from ☐ N / ☑ S Line of Section
2808 feet from ☑ E / ☐ W Line of Section
County: Woodson

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: 400 psi Injection Zone: Bartlesville
Maximum Authorized Injection Rate: 35 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	775	400	0		31
February	750	400	0		28
March	775	400	0		31
April	750	400	0		30
May	750	400	0		31
June	750	400	0		30
July	775	400	0		31
August	750	400	0		31
September	750	400	0		30
October	775	400	0		31
November	775	400	0		30
December	775	400	0		31
TOTAL	9150		0		

Submitted Electronically