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 # 32198
Name: PetroSantander (USA) Inc.
Address 1: 6363 WOODWAY DR STE 350
Address 2:
City: HOUSTON State: TX Zip: 77057 + 1798
Contact Person: William Aspinwall
Phone: ( 713 ) 784-8700
Lease Name: STEVENS (MORROW) UNIT
Well Number: SMU 305

API No.: 15-119-20593-00-02
Permit No: E27792.1
Reporting Year: 2017
*(January 1 to December 31)*

____ - NW - SW - NW Sec. 3 Twp. 33 S. R. 30 ☐ E ☑ W
*(Q/Q/Q/Q)*
3489 feet from ☐ N / ☑ S Line of Section
4656 feet from ☑ E / ☐ W Line of Section
County: Meade

**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: 1500 psi Injection Zone: Morrow
Maximum Authorized Injection Rate: 3000 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 | 0 | | 0 | | |
| February | 0 | | 0 | | |
| March | 0 | | 0 | | |
| April | 0 | | 0 | | |
| May | 0 | | 0 | | |
| June | 0 | | 0 | | |
| July | 0 | | 0 | | |
| August | 0 | | 0 | | |
| September | 0 | | 0 | | |
| October | 0 | | 0 | | |
| November | 0 | | 0 | | |
| December | 0 | | 0 | | |
| ***TOTAL*** | 0 | | 0 | | |

Submitted Electronically