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 # 34350
Name: Altavista Energy, Inc.
Address 1: 4595 K-33 HIGHWAY
Address 2: PO BOX 128
City: WELLSVILLE State: KS Zip: 66092 + ___ ___ ___ ___
Contact Person: Phillip Frick
Phone: (785) 883-4057
Lease Name: BALDWIN WEST
Well Number: AI-9

API No.: 15-045-21988-00-00
Permit No: E29043.34
Reporting Year: 2017
(January 1 to December 31)

SE - SE - NE - SE Sec. 2 Twp. 15 S. R. 20 ☑ E ☐ W
(Q/Q/Q/Q)
665 feet from ☐ N / ☑ S Line of Section
193 feet from ☑ E / ☐ W Line of Section
County: Douglas

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: 750 psi Injection Zone: Squirrel
Maximum Authorized Injection Rate: 100 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 33 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	1129	750	0		31
February	79	750	0		8
March	0		0		
April	0		0		
May	0		0		
June	0		0		
July	0		0		
August	0		0		
September	0		0		
October	4	750	0		3
November	0		0		
December	0		0		
TOTAL	1212		0		

Submitted Electronically