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 # 35470
Name: SLO Oil, LLC
Address 1: PO BOX 1312
Address 2:
City: El Dorado State: KS Zip: 67042 + __ __ __ __
Contact Person: Brooke Morgan
Phone: (316) 321-2275
Lease Name: GREENUP
Well Number: 3

API No.: 15-173-03534-00-01
Permit No: E16303.1
Reporting Year: 2017
(January 1 to December 31)

____ - S2 - NE - NW Sec. 33 Twp. 25 S. R. 2 ☑ E ☐ W
(Q/Q/Q/Q)
4290 feet from ☐ N / ☑ S Line of Section
3300 feet from ☑ E / ☐ W Line of Section
County: Sedgwick

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: BURGESS
Maximum Authorized Injection Rate: 400 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	6696	0	0		31
August	6696	0	0		31
September	6480	0	0		30
October	6696	0	0		31
November	6480	0	0		30
December	6696	0	0		31
TOTAL	39744		0		

Submitted Electronically