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 # 34975
Name: StrataKan Exploration, LLC
Address 1: 100 S MAIN
Address 2:
City: PLAINVILLE State: KS Zip: 67663 + __ __ __ __
Contact Person: Justin R. Prater
Phone: (785) 688-4241
Lease Name: FANSHIER
Well Number: 1-5

API No.: 15-185-23226-00-00
Permit No: D28377.0
Reporting Year: 2017
(January 1 to December 31)

____ - SE - SW - NW Sec. 5 Twp. 22 S. R. 13 ☐ E ☑ W
(Q/Q/Q/Q)
2803 feet from ☐ N / ☑ S Line of Section
4117 feet from ☑ E / ☐ W Line of Section
County: Stafford

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: 200 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 1000 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	1520	0	0		10
November	5160	0	0		30
December	5740	0	0		31
TOTAL	12420		0		

Submitted Electronically